GfNA-II-C-Annex IV-I-Erasmus+ HE-2017

Erasmus+

Learning Agreement
Student Mobility for Traineeships

Higher Education: Learning Agreementform
Proszępwpisać imię i nazwisko oraz rok akademicki

Trainee	Last name(s)	First name(s)	Date of birth	Nationality[1]	Sex [M/F]	Study cycle2	Field of education3
						bachelor master doctorate	**Sports – 1014 Therapy and Rehabilitation-0915 Travel, Tourism and Leisure 1015**
Sending Institution	Name	Faculty/ Department	Erasmus code4 (if applicable)	Address	Country	Contact person name5; email; phone	
	Poznań University of Physical Education	**International Relations Office**	**PL POZNAN08**	**Krolowej Jadwigi 27/39, 61-871 Poznan**	**Poland**	**Agata Nieboj MSc, agata.nieboj@awf.poznan.pl**	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person name;position; e-mail;phone	Mentor7 name; position; e-mail;phone
					□ < 250 employees □ > 250 employees		

Before the mobility

Table A - TraineeshipProgrammeat theReceiving Organisation/Enterprise

Planned period of the mobility: from [month/year] …… to [month/year] ……

Traineeship title: …	**Number of working hours per week: …**

Detailed programme of the traineeship:

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Monitoring plan:

Evaluation plan:

The level of **language competence8** in _____ [*indicate here the main language of work*] that the trainee already has or agrees to acquire by the start of the mobility period is: *A1* □ *A2* □ *B1* □ *B2* □ *C1* □ *C2* □ *Native speaker* □

Table B - Sending Institution

Please use only one of the following three boxes: **9**

1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

Award …… ….ECTS credits (or equivalent)10	Give a grade based on: Traineeship certificate □ Final report □ Interview □
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes □ No □	

2. The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes □ No □	If yes, please indicate the number of credits: ….
Give a grade: Yes □ No □	If yes, please indicate if this will be based on: Traineeship certificate □ Final report □ Interview □
Record the traineeship in the trainee's Transcript of Records: Yes □ No □	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes □ No □	

3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes □ No □	If yes, please indicate the number of credits: ….
Record the traineeship in the trainee's Europass Mobility Document *(highly recommended)*: Yes □ No □	

Z komentarzem [b1]: Należy wpisać narodowość (zwykle :Polish)

Z komentarzem [b2]: Wybierz właściwy poziom

Z komentarzem [b3]: Wybierz właściwy kod

Z komentarzem [b6]: Mentor- osoba w instytucji przyjmującej zapewniająca praktykantowi wsparcie i informacje odnośnie przedsiębiorstwa. Zwykle jest to inna osoba niż supervisor.

Z komentarzem [b5]: Osoba kontaktowa w instytucji przyjmującej odpowiedzialna administracyjnie za praktyki w programie Erasmus+

Zkomentarzem[b4]: Należy wypełnić na podstawie informacji zinstytucji przyjmujacej

Z komentarzem [b7]: Należy wypełnić w porozumieniu z KoordynatoremWydziałowym i instytucją przyjmującą

Z komentarzem [b8]: Minimum 60 dni.
Datą rozpoczęcia okresu mobilności jest pierwszy dzień, w jakim uczestnik musi być obecny w instytucji przyjmującej. Datą zakończenia jest ostatni dzień, w jakim uczestnik musi być obecny w instytucji przyjmującej.

Z komentarzem [u9]: Nazwa stanowiska pracy np : fizjoterapeuta

Z komentarzem [b10]: Minimum 40 godzin

Z komentarzem [b11]: Należy wpisać informację odnośnie sposobumonitorowania praktyki studenta (w jaki sposób i kiedy będzie monitorowany, proszę podać liczbę godzin monitoringu)

Z komentarzem [u12]: Evaluation form

Z komentarzem [b13]: Należy wpisać właściwy język, w jakim będzieodbywałasiępraktyka.

Z komentarzem [b14]: Należy wybrać właściwy poziom

Z komentarzem [b15]: Należy wypełnić tylko jedną tabelę w porozumieniuzKoordynatorem Wydziałowym

Z komentarzem [u16]: Dotyczy studentów realizujących praktykę obowiązkową

Z komentarzem [u17]: Wypełnia Koordynator Wydziałowy

Z komentarzem [u18]: Dotyczy studentów realizujących praktykę nieobowiązkową

Z komentarzem [u19]: Dotyczy studentów realizujących praktykę absolwencką

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Accident insurance for the trainee

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes □ No	The accident insurance covers: - accidents during travels made for work purposes: Yes No - accidents on the way to work and back from work: Yes No
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes □ No	

Table C - Receiving Organisation/Enterprise

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes □ No	If yes, amount (EUR/month): .....
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes □ No If yes, please specify:	
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes □ No	The accident insurance covers: - accidents during travels made for work purposes: Yes □ No - accidents on the way to work and back from work: Yes □ No
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes □ No	
The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.	
Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.	

Sending Institution: **Name of departmental coordinator:** **Signature/stamp of institution:**	**Receiving Institution:** **Name of the supervisor:** **Signature/stamp of institution:**

By signing this document, the trainee, the Sending Institution and the ReceivingOrganisation/Enterprise confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The traineeand Receiving Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the ErasmusCharter for Higher Education relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries).

Commitment	Name	Email	Position	Date	Signature/Stamp
Student			***Trainee***		
Responsible person11 at the Sending Institution			**Departmental Coordinator**		
Supervisor12 at the Receiving Organisation					

Z komentarzem [b20]: Należy wypełnić w porozumieniu z instytucją przyjmującą

Z komentarzem [u21]: Podpis studenta

Z komentarzem [u22]: Należy wpisać imię i nazwisko studenta oraz adres mail

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During theMobility

Z komentarzem [b23]: Należy wypełnić tylko w przypadku zmian w programie praktyki lub jeśli zmieni się supervisor

Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise
(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)

Planned period of the mobility: from [month/year] ……. till [month/year] …….

Traineeship title: …	**Number of working hours per week: …**
Detailed programme of the traineeship period:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	

Sending Institution: **Name of departmental coordinator:** **Signature/stamp of institution:**	**Receiving Institution:** **Name of departmental coordinator:** **Signature/stamp of institution:**

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After theMobility

Z komentarzem [b24]: Wypełnia instytucja przyjmująca

Table D - Traineeship Certificate bythe Receiving Organisation/Enterprise
Name of the student:
Name of the Receiving Organisation/Enterprise:
Sector of the Receiving Organisation/Enterprise:
Address of the Receiving Organisation/Enterprise [street, city, country, phone, e-mail address]**, website:**
Start date and end date of traineeship: from [day/month/year] ..... to [day/month/year] .....
Traineeship title:
Detailed programme of the traineeship period including tasks carried out by the trainee:
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):
Evaluation of the trainee:
Date:
Name, signature and stamp of the Supervisor at the Receiving Organisation/Enterprise:

Z komentarzem [u25]: Należy wpisać imię i nazwisko studenta

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[1] **Nationality:**Countrytowhichthepersonbelongs administratively and that issues the ID card and/or passport.

[2] **Studycycle:**Shortcycle(EQFlevel5)/Bachelor or equivalent first cycle (EQF level 6) / Master or equivalent second cycle (EQFlevel7)/Doctorateorequivalentthirdcycle (EQF level 8).

[3] **Fieldofeducation:**TheISCED-F2013search tool available at http://ec.europa.eu/education/tools/isced-f_en.htm should beusedtofindtheISCED2013detailedfield of education and training that is closest to the subject of the degree to be awardedtothetraineebythesendinginstitution.

[4] **Erasmuscode**:auniqueidentifierthatevery higher education institution that has been awarded with the Erasmus CharterforHigherEducation(ECHE)receives. It is only applicable to higher education institutions located in Programme Countries.

[5] **Contactpersonatthesendinginstitution**: a person who provides a link for administrative information and who, dependingonthestructureofthehighereducation institution, may be the departmental coordinator or will work at the internationalrelationsofficeorequivalentbody within the institution.

[6] **ContactpersonattheReceivingOrganisation**: a person who can provide administrative information within the framework of Erasmus+ traineeships.

[7] **Mentor**:theroleofthementoristoprovide support, encouragement and information to the trainee on the life and experiencerelativetotheenterprise(culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor shouldbeadifferentpersonthanthesupervisor.

[8] **Leveloflanguagecompetence**:adescription of the European Language Levels (CEFR) is available at: https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr

[9] **There are three different provisions for traineeships**:
1. Traineeships embedded in the curriculum (counting towards the degree);
2. Voluntary traineeships (not obligatory for the degree);
3. Traineeships for recent graduates.

[10] **ECTS credits or equivalent**: in countries where the "ECTS" system it is not in place, in particular for institutions located in Partner Countries not participating in the Bologna process, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a weblink to an explanation to the system should be added.

[11] **Responsible person at the sending institution**: this person is responsible for signing the Learning Agreement, amending it if needed and recognising the credits and associated learning outcomes on behalf of the responsible academic body as set out in the Learning Agreement. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

[12] **Supervisor at the Receiving Organisation**: this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate. The name and email of the Supervisor must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.