|  |
| --- |
| By signing this document, the Trainee, the Sending Institution and the Receiving Organization/Enterprise confirm that they approve the Learning Agreement and that they will comply all the arrangements agreed by all parties. The trainee and Receiving Organization/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 respects all the principals of the Erasmus Charter for Higher Education relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries). |
| **Commitment** | **Name** | **Email** | **Posi6tion** | **Date** | **Signature** |
| **Trainee** |  |  | **Trainee** |  |  |
| **Responsible Person11 at the Sending Institution** |  |  | **Departmental Coord.** |  |  |
|  |  | **Institutional Coord.** |  |  |
| **Supervisor12 at the Receiving Organization** |  |  |  |  |  |

During the Mobility

|  |
| --- |
| **Table A2 – Exceptional Changes to the Traineeship Program at the Receiving Organization/Enterprise**(to be approved by email or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organization/Enterprise)**Planned period of the mobility: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ till \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [month/year]** |
| **Traineeship Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Number of working hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Detailed Program of the Traineeship Period:** |
| **Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes):** |
| **Monitoring Plan:** |
| **Evaluation Plan:** |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| **Trainee** |  |  | **Trainee** |  |  |
| **Responsible Person11 at the Sending Institution** |  |  | **Departmental Coord.** |  |  |
|  |  | **Institutional Coord.** |  |  |
| **Supervisor12 at the Receiving Organization** |  |  |  |  |  |

**After the Mobility**

|  |
| --- |
| **Table D – Traineeship Certificate by the Receiving Organization/Enterprise** |
| **Nane of the Trainee:** |
| **Name of the Receiving Organization/Enterprise:** |
| **Sector of the Receiving Organization/Enterprise:** |
| **Address of the Receiving Organization/Enterprise:****Website:** |
| **Start and End Date of the Traineeship: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [day/month/year]** |
| **Traineeship Title** |
| **Detailed Program of the Traineeship Period Including Tasks Carried Out By the Trainee:** |
| **Knowledge, skills (intellectual and practical) and competence acquired (achieved Learning Outcomes):** |
| **Evaluation of the Trainee:** |
| **Date:** |
| **Name and Signature of the Supervisor at the Receiving Organization/Enterprise:** |

***11) This person is responsible for signing the Learning Agreement, amending it if needed and recognising the credits and associated learning outcomes on behalf of responsible academic body as set out in the Learning Agreement. The name and the 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) This person is responsible for signing the Learning Agreement, amending it if needed and supervising the trainee during the traineeship and signing the Traineeship Certificate. The name and the 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.***