



# Higher Education Learning Agreement for Traineeships

*Academic Year  
2017/18*



<b>Trainee</b>	<b>Last name(s)</b>	<b>First name(s)</b>	<b>Date of birth</b>	<b>Nationality<sup>1</sup></b>	<b>Sex [M/F]</b>	<b>Study cycle<sup>2</sup></b>	<b>Field of education<sup>3</sup></b>
<b>Sending Institution</b>	<b>Name</b>	<b>Faculty/ Department</b>	<b>Erasmus code<sup>4</sup> (if applicable)</b>	<b>Address</b>	<b>Country</b>	<b>Contact person name<sup>5</sup>; email; phone</b>	
	Ruhr-Universität Bochum		D BOCHUM01	Universitätsstraße 150, 44801 Bochum	Germany	Veronika Klasik, SSC 1/249, <a href="mailto:veronika.klasik@uv.rub.de">veronika.klasik@uv.rub.de</a> , Tel. 0234/32-28763	
<b>Receiving Organisation /Enterprise</b>	<b>Name</b>	<b>Department</b>	<b>Address; website</b>	<b>Country</b>	<b>Size</b>	<b>Contact person<sup>6</sup> name; position; e-mail; phone</b>	<b>Mentor<sup>7</sup> name; position; e-mail; phone</b>
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

### Before the mobility

<i>Table A - Traineeship Programme at the Receiving Organisation/Enterprise</i>	
Planned period of the mobility: from [day/month/year] ..... to [day/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:	



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The level of **language competence**<sup>8</sup> 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:<sup>9</sup>

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

Award ..... ECTS credits (or equivalent) <sup>10</sup>	Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	

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

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

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 <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document ( <i>highly recommended</i> ): Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Accident insurance for the trainee

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): No X	The accident insurance covers: - accidents during travels made for work purposes: No <input checked="" type="checkbox"/> - accidents on the way to work and back from work: No <input checked="" type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): No <input checked="" type="checkbox"/>	

### Table C - Receiving Organisation/Enterprise

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, amount (EUR/month): .....
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: ....	
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee: Yes <input type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee: Yes <input type="checkbox"/> No <input type="checkbox"/>	
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.	

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The trainee and 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 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	Position	Date	Signature
Trainee			<i>Trainee</i>		
Responsible person <sup>11</sup> at the Sending Institution					
Supervisor <sup>12</sup> at the Receiving Organisation					