Save PDF locally on your PC before filling in (do not edit in browser). Find examples and guidance on our website. Please get Adobe Acrobat Reader here and fill in the Learning Agreement electronically!





LEARNING AGREEMENT FOR TRAINEESHIPS GRADUATES

Erasmus Traineeship 2024-2026

I. THE THREE PARTIES

The Trainee

Last name(s):				First name(s):
Date of birt	h:			Nationality ⁽¹⁾ :
Gender:	male	female	diverse	Phone:
E-mail:				
Study cycle	:			
Code (<u>Field</u>	of Educa	<u>tion(2)</u> :		Academic year:

The Sending Institution (University)

Name of Institution	:
Erasmus Code:	
Address:	
	Country: Germany
Faculty:	International Office
Responsible Contac	t Person ⁽³⁾ :

The Receiving Organisation/Enterprise

Name of Institution:		
Department: [if applicable]		
Address: Street:		
Postal Code:	City:	Size: <250
Country:		[Number of empolyees] >250
Website:		

(1) Country to which the person belongs administratively and that issues the ID card and/or passport.

(2) Choose a four-digit ISCED-Code from our official list, that is closest to your field of education and enter it in your Learning Agreement.

(3) Responsible contact 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. It is a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution (e.g. Prüfungsamt, placement coordinator, Erasmus coordinator, professor ...). Please choose a person from our official list.

Contact person ⁽⁴⁾ at Organisation:
Position/Function:
Phone:
E-mail:
Mentor ⁽⁵⁾ : [if different from supervisor]
Position/Function:
Phone:
E-mail:

II. DETAILS OF THE TRAINEESHIP PROGRAMME Duration

Period of the Mobility [day/month/year]:	Start:	End:	
Number of working hours per week:		Vacation: [days/month]	

*Please note that the traineeship must be a full-time position.

Contents/Tasks⁽⁶⁾

•	Detailed	programme	of the	traineeship:
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• Traineeship in digital skills⁽⁷⁾: Yes No

(4) Contact person (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. He or she can also provide administrative information within the framework of Erasmus+ traineeships.

(5) The role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.

(6) To find out what has to be described here, see model version (Musterbeispiele) on our website.

(7) Traineeship in digital skills: any traineeship where trainees receive training and practice in at least one or more of the following activities: digital marketing (e.g. social media management, web analytics); digital graphical, mechanical or architectural design; development of apps, software, scripts, or websites; installation, maintenance and management of IT systems and networks; cybersecurity; data analytics, mining and visualisation; programming and training of robots and artificial intelligence applications. 2

•	Knowledge, skills and competences the traineeship (expected Learning	to be acquired by the trainee at the end of outcomes):
•	Monitoring Plan (Betreuung):	
•	Evaluation Plan (Feedback):	
Lar	nguage competence of the train	ee
Tł	ne main working language(s) is (are)	:
	ne level of language competence ⁽⁸⁾ equire by the start of the mobility per	that the trainee already has or agrees to iod is:
La	inguage:	Level:
La	nguage:	Level:
La	nguage:	Level:

III. THE SENDING INSTITUTION

Recognition

	e traineeship is carried out by <u>a recent graduate</u> and, upon satisfact the traineeship, the institution undertakes to:	ctory com	pletion
1)	Award ECTS credits (or equivalent)	Yes	No
2)	Record the traineeship in the trainee's Europass Mobility Document. Please note: The Office for Erasmus traineeships Saxony-Anhalt will issue the graduate a EUROPASS Mobility.	Yes	No

Insurance

The Sending Institution will provide a liability insurance to the trainee.	Yes	No
The Sending Institution will provide an accident insurance to the trainee.	Yes	No

IV. THE RECEIVING ORGANISATION/ENTERPRISE

Salary

The Receiving Institution will provide financial support to the trainee for the traineeship:			No
	If yes, amount (€/month)	:	
Other contribution in kind (e.g. food and meals, public transport, e		Yes	No
Please specify:			
Having a value of approx.:	€/month		

Insurance

The Receiving Institution will provide a liability insurance (damages caused by the trainee at the workplace) to the trainee.		Yes	No
The Receiving Institution will provide an accident insurance (damages caused to the trainee at the workplace) to the trainee.		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	

IV. COMMITMENT OF THE THREE PARTIES

By signing this document, the trainee, the Sending Institution an 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 the Receiving Organisation/ Enterprise will collaborate with the Coordinating Institution (Office for Erasmus traineeships Saxony-Anhalt⁽⁹⁾) and communicate to the Coordinating Institution and Sending Institution any problem or changes regarding the mobility period. The Coordinating 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.

The Trainee

Date: Signature:	
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The Sending Institution

Name of responsible contact person:			
Position/Function:			
E-mail:			
Phone:			
Date:	Signature:	 	

The Receiving Organisation/Enterprise

We agree to make use of the above student's knowledge and skills and provide him/her with tasks and responsibilities appropriate to his/her qualifications and experience. We will provide the trainee with appropriate equipment and support. Upon completion of the traineeship the Organisation/Enterprise will provide the necessary documents for recognition of the placement by the trainee's Sending Institution as well as a Reference Letter or the EU-Traineeship Certificate and the completed Euroskills-Questionnaire within 1 week after the traineeship. We confirm that we are not an official body/agency of the EU and/or that our institution does not administer Community programmes of the EU. Name of contact person: Date: Signature: