



LEARNING AGREEMENT FOR TRAINEESHIPS

STUDENTS WORLDWIDE

Erasmus Traineeship 2021-2023

I. THE THREE PARTIES

The Trainee

Last name(s):	First name(s):
Date of birth:	Nationality⁽¹⁾:
Gender: male female diverse	Phone:
E-mail:	
Study cycle:	
Code (Field of Education⁽²⁾):	Academic year:

The Sending Institution (University)

Name of Institution:
Erasmus Code:
Address:
Country: Germany
Faculty:
Responsible Contact Person⁽³⁾:

The Receiving Organisation/Enterprise

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

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

(2) The [ISCED-F 2013 search tool](#) should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the trainee by the Sending Institution.

(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.](#)

- **Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship (expected Learning outcomes):**

- **Monitoring Plan (Betreuung):**

- **Evaluation Plan (Feedback):**

Language competence of the trainee

The main working language(s) is (are):

The level of language competence⁽⁸⁾ that the trainee already has or agrees to acquire by the start of the mobility period is:

Language: _____ **Level:** _____

Language: _____ **Level:** _____

Language: _____ **Level:** _____

(8) Here you find a [description of the Common European Framework of Reference for Languages \(CEFR\)](#).

III. THE SENDING INSTITUTION

Recognition

[Please fill in only one of the following boxes.]

A)	The traineeship is embedded in the curriculum (counting towards the degree) and, upon satisfactory completion of the traineeship, the institution undertakes to:	
	Award ECTS credits	number of credits:
	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).	

OR

B)	The traineeship is voluntary (not obligatory for the degree) and, upon satisfactory completion of the traineeship, the institution undertakes to record the traineeship in the trainee's Diploma Supplement (or equivalent).	
	Moreover, the institution will:	
	1) Award ECTS credits:	Yes No
		If yes, number of credits:
	2) Give a grade:	Yes No
	If yes, please indicate if it will be based on: Traineeship certificate	
	Final report	
	Interview	
	3) Record the traineeship in the trainee's Transcript of Records.	Yes No

Record the traineeship in the trainee's Europass Mobility Document ⁽⁹⁾ .	Yes	No
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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

(9) The Office for Erasmus traineeships Saxony-Anhalt will issue the student a EUROPASS Mobility upon written request.

IV. THE RECEIVING ORGANISATION/ENTERPRISE

Salary

The Receiving Institution will provide financial support to the trainee for the traineeship:	Yes	No
If yes, amount (€/month):		
Other contribution in kind (e.g. free accommodation, bonus, food and meals, public transport, etc.):	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 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 the Receiving Organisation/Enterprise will collaborate with the Coordinating Institution (Office for Erasmus traineeships Saxony-Anhalt⁽¹⁰⁾) 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

<p>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.</p> <p>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.</p> <p>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.</p> <p>Name of contact person:</p>	
Date:	Signature: _____