**LEARNING AGREEMENT FOR TRAINEESHIPS**

**Academic year 20\_\_/20\_\_**

 *Explanatory end notes are included; for further guidance, please see flow chart.*

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| --- |
| the student |
| Surname | First name |
| E-mail | Field of Study[[1]](#endnote-1)  |
| the sending institution: University OF galway (Erasmus code irlgalway01) |
| Institutional Erasmus Coordinator[[2]](#endnote-2): Kim O’Flynn-Kelly, Erasmus Executive (kim.oflynnkelly@universityofgalway.ie)  |
| University of Galway Subject Coordinator[[3]](#endnote-3):*\*\*This is the University of Galway staff member who should review and sign your learning agreement. \*\** |
| E-mail address of the subject coordinator:  |
| the receiving ORGANISATION/ENTERPRISE |
| Name of organisation: |
| Address of organisation: |
| Economic Sector[[4]](#endnote-4): | Size of organisation[[5]](#endnote-5): |
| Name and position of contact person[[6]](#endnote-6): |
| E-mail address of contact person: |
| Name and position of mentor[[7]](#endnote-7): |
| E-mail address of mentor: |

**Section to be completed before the mobility period**

#### **I. PROPOSED MOBILITY PROGRAMME –** *please* ***type*** *this section and* ***expand the fields as necessary*** *to provide as much information as possible about the programme, aims and**assessment of your traineeship.*

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| --- |
| **Planned period of the mobility**: from [day/month/year] till [day/month/year]  |
| **Number of working hours per week:**  |
| **Traineeship title:**  |
| **Detailed programme of the traineeship period**  |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship** |
| **Monitoring plan**  |
| **Evaluation plan**   |

|  |
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| **Language competence of the trainee**The level of language competence[[8]](#endnote-8) in ………….. *[workplace main language]* 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 🞏*(Tick the appropriate box or delete what does not apply.)* |

**THE SENDING INSTITUTION – section to be completed by Subject Coordinator**

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

*Please fill in only one of the following boxes depending on whether the traineeship is embedded in the curriculum or is a voluntary traineeship.* **[**At University of Galway, Erasmus traineeships are embedded in the curriculum.]

|  |
| --- |
| The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:* Award …….. ECTS credits. *(state number)*
* Give a grade based on: Traineeship certificate 🞏 Final report 🞏 Interview 🞏
* Record the traineeship in the trainee's Transcript of Records.
* Record the traineeship in the trainee's Diploma Supplement (or equivalent).
* Record the traineeship in the trainee's Europass Mobility Document Yes 🞏 No 🞏
 |

|  |
| --- |
| The traineeship is voluntary and upon satisfactory completion of the traineeship, the institution undertakes to:* Award ECTS credits: Yes 🞏 No 🞏 If yes, please indicate the number of ECTS 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), except if the trainee is a recent graduate.
* Record the traineeship in the trainee's Europass Mobility Document Yes 🞏 No 🞏 *This is recommended if the trainee will be a recent graduate.*
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| **THE RECEIVING ORGANISATION/ENTERPRISE should complete this section:**The trainee will receive a financial support for his/her traineeship: Yes 🞏 No 🞏If yes, amount in EUR/month: € The trainee will receive a contribution in kind for his/her traineeship: Yes 🞏 No 🞏If yes, please specify: Is the trainee covered by the accident insurance? Yes 🞏 No 🞏If not, please specify whether the trainee is covered by an accident insurance 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 🞏Is the trainee covered by a liability insurance? Yes 🞏 No 🞏The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee.Upon completion of the traineeship, the organisation/enterprise undertakes to issue a Traineeship Certificate by …. [*maximum 5 weeks after the traineeship*]. |

**II. RESPONSIBLE PERSONS**

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| **Responsible person[[9]](#endnote-9) in the sending institution:**Name: Function: Phone number: E-mail:  |

|  |
| --- |
| **Responsible person[[10]](#endnote-10) in the receiving organisation/enterprise (supervisor):**Name: Function: Phone number: E-mail:  |

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed 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 trainee**Trainee’s signature Date:  |
| **The sending institution**Responsible person’s signature Date:  |
| **The receiving organisation/enterprise**Responsible person’s signature Date:  |

**Section to be completed, *only if necessary*,**

**DURING THE MOBILITY**

#### **EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

#### **I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

|  |
| --- |
| **Planned period of the mobility**: from [day/month/year] ….………. till [day/month/year] …………..….. |
| **Number of working hours per week:**  |
| **Traineeship title:** |
| **Detailed programme of the traineeship period** |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship**  |
| **Monitoring plan** |
| **Evaluation plan**  |

The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the mobility programme are approved.

Approval may be granted by e-mail, or denoted by the signature on this page of the student and of the responsible persons in the sending and receiving institutions.

#### **II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:**

|  |
| --- |
| **New responsible person in the sending institution**Name: Function: Phone number: E-mail:  |

|  |
| --- |
| **New responsible person in the receiving organisation/enterprise**Name: Function: Phone number: E-mail:  |

**Section to be completed AFTER THE MOBILITY**

#### **TRAINEESHIP CERTIFICATE**

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| --- |
| **Name of the trainee:** |

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| --- |
| **Name of the receiving organisation/enterprise:** |

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| --- |
| **Sector of the receiving organisation/enterprise:** |

|  |
| --- |
| **Address of the receiving organisation/enterprise** *[street, city, country, phone, e-mail address]***, website:** |

|  |
| --- |
| **Start and end of the traineeship:**from *[day/month/year]* ……………. till *[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 (learning outcomes achieved):** |

|  |
| --- |
| **Evaluation of the trainee:** |

**Date:**

**Name and signature of the responsible person at the receiving organisation or enterprise:**

**Stamp of the organisation/enterprise :**

**End notes**

1. Write in the full name of your degree programme. If you are a BA student, give your two subjects. [↑](#endnote-ref-1)
2. Contact point for administrative information. The institutional coordinator keeps track of all paperwork and administers the Erasmus grant, but does not review, evaluate or sign the learning agreement. [↑](#endnote-ref-2)
3. The person at University of Galway who has the authority  to approve the  outbound student’s mobility programme (Learning Agreement) and any amendments to it, as well as to guarantee the recognition of this programme on behalf of the University. This is the person to whom students should send the learning agreement for signature (see note 2 above). It might be the relevant lecturer in your Discipline or a Placement Officer of the University. [↑](#endnote-ref-3)
4. Choose one from the list of **NACE sector codes** that you will find at:

<http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN>. [↑](#endnote-ref-4)
5. Three options: the size of the enterprise could be, for instance, 1-50 / 51-500 / more than 500 employees. [↑](#endnote-ref-5)
6. **Contact person**: a person who can provide administrative information within the framework of Erasmus traineeships. [↑](#endnote-ref-6)
7. **Mentor**: 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. [↑](#endnote-ref-7)
8. For the Common European Framework of Reference for Languages (**CEFR**) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#endnote-ref-8)
9. **Responsible person in 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. [↑](#endnote-ref-9)
10. **Responsible person in the receiving organisation (supervisor)**: this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate.

 [↑](#endnote-ref-10)