

LEARNING AGREEMENT FOR TRAINEESHIPS

The Trainee

| Last name (s) | Volpicelli | First name (s) | Veronica |
|--------------------------|------------|------------------------------------|-------------------------------------|
| Date of birth | 22/04/96 | Nationality ¹ | Italiana |
| Sex [<i>M/F</i>] | F | Academic year | 2019 / 2020. |
| Study cycle ² | 1st cycle | Subject area, Code ³ | Informatica, 05121 |
| Phone | 123456789 | E-mail | v.volpicelli4@studenti.u nisa.it |

The Sending Institution

| Erasmus Code | University of Salerno – Via Giovanni Paolo II, 132 | | |
|---------------------|--|----------------------------------|-----------------------------------|
| I SALERNO01 | 84084 Fisciano (Salerno) - IT | | |
| Department | Informatica | | |
| Contact person name | Filomena Ferrucci | Contact person E-mail / phone | f.ferrucci@unisa.it 1234456789 |

The Receiving Organisation/Enterprise

| Name Sector ⁴ | Non lo so | Department | Boh |
|--|---------------------------------------|----------------------------------|----------------------------------|
| Address, website | Via non lo so, 12 www.nonoloso.it | Country | Nessuna |
| Size of enterprise ⁵ | 250 | | |
| Contact person ⁶ name / position | Filomena Ferrucci, Responsabile | Contact person e-mail / phone | f.ferrucci@unisa.it 123456789 |
| Mentor ⁷ name / position | Michela Bertolotto | Mentor e-mail / phone | m.berto@gmail.com 9876543210 |

For end notes please look at Annex 2.



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

| Planned period of the mobility: from [month/year] till [month/year] |
|---|
| Number of working hours per week: 8. |
| raineeship title: .Non ho voglia di fare l'università |
| Detailed programme of the traineeship period Jon ho fatto un c per tutto il periodo |
| Knowledge, skills and competences to be acquired by the trainee at the end of the raineeship mparare a fare la pizza |
| Monitoring plan .Non so cosa dovrebbe essere |
| Evaluation plan .Come per il monitoring plan |
| Language competence of the trainee |
| english The level of language competence 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 芭 C1 □ C2 □ |
| THE SENDING INSTITUTION |
| The institution undertakes to respect all the principles of the Erasmus Charter for Highe Education relating to traineeships. |
| Please fill in only one of the following boxes depending on whether the raineeship is embedded in the curriculum or is a voluntary traineeship.] |
| The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to: |
| Award ECTS credits. |
| • 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: |

Veronica Volpicelli

| | Traineeship certificate Final report Interview Record the traineeship in the traineesh Transpoint of Records Yea No. 17 |
|---|--|
| • | Record the traineeship in the trainee's Transcript of Records Yes \square No \square |
| • | 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 $\ \square$ No |
| | |

| Record the traineeship in the trainee's Europass Mobility Document Yes □ No | | |
|---|---|--|
| THE RECEIVING ORGANISATION | N/ENTERPRISE | |
| The trainee will receive a financial If yes, amount in EUR/month: | support for his/her traineeship: Yes □ No □ | |
| The trainee will receive a contribut If yes, please specify: | cion in kind for his/her traineeship: Yes □ No □ | |
| by the sending institution : Yes The accident insurance covers: - accidents during travels made | e trainee is covered by an accident insurance provided ■ No □ for work purposes: Yes ■ No □ and back from work: Yes ■ No □ - Insurer company: GENERALI) Ey insurance? Yes ■ No □ | |
| The receiving organisation/enterp and support is available to the trai | rise undertakes to ensure that appropriate equipment nee. | |
| | o, the organisation/enterprise undertakes to issue a imum 5 weeks after the traineeship]. | |
| II. RESPONSIBLE PERSONS | | |
| Responsible person ⁹ in the sending institution (Academic tutor responsible of the agreement): | | |
| Name: | Function: | |
| Phone number: | E-mail: | |

| Responsible person ⁹ in the sending institution (Academic tutor responsible of the agreement): | | |
|---|---|--|
| Name: | Function: | |
| Phone number: | E-mail: | |
| Responsible person ¹⁰ in the rec | ceiving organisation/enterprise (supervisor): | |
| Name: | Function: | |
| Phone number: | F-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 Veronica Volpicelli | 08/12/2019 Date: |
|---|---------------------|
| / | |

The Sending Institution

| Academic Tutor (responsible of the agreement) | International Departmental Coordinator |
|---|--|
| Responsible person's signature | Responsible person's signature |
| Date: | Date: |

| The receiving organisation/enterprise | | |
|---------------------------------------|-------|--|
| Responsible person's signature | Date: | |

Annex 2: End notes

- ⁵ The size of the enterprise could be, for instance, 1-50 / 51-500 / more than 500 employees.
- ⁶ **Contact person**: a person who can provide information within the framework of Erasmus traineeships.
- 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.
- For the Common European Framework of Reference for Languages (CEFR) see http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr
- 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.
- 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.

¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² Study cycle: Short cycle (EQF level 5) / bachelor or equivalent first cycle (EQF level 6) / master or equivalent second cycle (EQF level 7) / doctorate or equivalent third cycle (EQF level 8) – for recent graduates, specify the latest study cycle.

³ The <u>ISCED-F 2013 search tool</u> available at http://ec.europa.eu/education/tools/isced-f en.htm 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.

⁴ The list of top-level **NACE sector codes** is available at: http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN.