



## LEARNING AGREEMENT FOR TRAINEESHIPS

### The Trainee

Last name (s)	Volpicelli	First name (s)	Veronica
Date of birth	22/04/1996	Nationality <sup>1</sup>	Italiana
Sex [M/F]	F	Academic year	20...19 / 20...20
Study cycle <sup>2</sup>	1st cycle	Subject area, Code <sup>3</sup>	Informatica, 05121
Phone	0123456789	E-mail	v.volpicelli4@studenti.unisa.it

### The Sending Institution

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

### The Receiving Organisation/Enterprise

Name Sector <sup>4</sup>	Non lo so	Department	Boh
Address, website	www.nonoloso.it	Country	Nessuna
Size of enterprise <sup>5</sup>	Ma che è		
Contact person <sup>6</sup> name / position	Filomena Ferrucci	Contact person e-mail / phone	
Mentor <sup>7</sup> name / position	Michela Bertolotto	Mentor e-mail / phone	

For end notes please look at Annex 2.



## Section to be completed BEFORE THE MOBILITY

### I. PROPOSED MOBILITY PROGRAMME

<b>Planned period of the mobility:</b> from [month/year] <sup>12/201</sup> ..... till [month/year] <sup>06/202</sup> .....
<b>Number of working hours per week:</b> 8.
<b>Traineeship title:</b> ...
<b>Detailed programme of the traineeship period...</b> <i>Non ho fatto un c.... per tutto il periodo</i>
<b>Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship ...</b> <i>Imparare a fare la pizza</i>
<b>Monitoring plan</b> <i>.Non so cosa dovrebbe essere</i>
<b>Evaluation plan</b> <i>.Come per il monitoring plan</i>

<b>Language competence of the trainee</b> The level of language competence <sup>8</sup> in <sup>english</sup> ..... [workplace main language] that the trainee already has or agrees to acquire by the start of the mobility period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/>
---

### THE SENDING INSTITUTION

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.]***

The traineeship is <b><u>embedded in the curriculum</u></b> and upon satisfactory completion of the traineeship, the institution undertakes to: <ul style="list-style-type: none"> <li>• Award ..... ECTS credits.</li> <li>• Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/></li> <li>• Record the traineeship in the trainee's Transcript of Records.</li> <li>• Record the traineeship in the trainee's Diploma Supplement (or equivalent).</li> <li>• Record the traineeship in the trainee's Europass Mobility Document Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>
---

The traineeship is <b><u>voluntary</u></b> and upon satisfactory completion of the traineeship, the institution undertakes to: <ul style="list-style-type: none"> <li>• Award ECTS credits: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the number of ECTS credits: ...</li> <li>• Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate if this will be based on:</li> </ul>
---



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 ☐

## THE RECEIVING ORGANISATION/ENTERPRISE

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 ☐

(Insurance Policy: n. 261044627 – Insurer company: GENERALI)

Is the trainee covered by a liability insurance? Yes ☒ No ☐

(Insurance Policy: n. 261044624 – Insurer company: GENERALI)

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

**Responsible person<sup>9</sup> in the sending institution (Academic tutor responsible of the agreement):**

Name:

Function:

Phone number:

E-mail:

**Responsible person<sup>10</sup> 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 *Veronica Volpicelli*

Date: **08/12/2019**

**The Sending Institution**

**Academic Tutor (responsible of the agreement)**

Responsible person's signature  
Date:

**International Departmental Coordinator**

Responsible person's signature  
Date:

**The receiving organisation/enterprise**

Responsible person's signature

Date:



## Annex 2: End notes

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

<sup>2</sup> **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.

<sup>3</sup> The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/iscsed-f_en.htm) available at [http://ec.europa.eu/education/tools/iscsed-f\\_en.htm](http://ec.europa.eu/education/tools/iscsed-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.

<sup>4</sup> 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=NA CE\\_REV2&StrLanguageCode=EN](http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NA CE_REV2&StrLanguageCode=EN).

<sup>5</sup> The size of the enterprise could be, for instance, 1-50 / 51-500 / more than 500 employees.

<sup>6</sup> **Contact person:** a person who can provide information within the framework of Erasmus traineeships.

<sup>7</sup> **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.

<sup>8</sup> For the Common European Framework of Reference for Languages (**CEFR**) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

<sup>9</sup> **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.

<sup>10</sup> **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.