**Learning Agreement**

**Version 2013**

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| 1. **Information about the participants** | |
| Contact details of the home organisation | |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person |  |
| Telephone/fax |  |
| E-mail |  |
| Contact details of the host organisation | |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person |  |
| Tutor/mentor |  |
| Telephone/fax |  |
| E-mail |  |
| Contact details of the learner | |
| Name |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Date of birth | (dd/mm/yyyy) |
| Please tick | Male  Female |
| Contact details of parents or legal guardian of the learner, if applicable | |
| Name |  |
| Address |  |
| Telephone |  |
| E-mail |  |
| If an intermediary organisation is involved, please provide contact details | |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person |  |
| Telephone/fax |  |
| E-mail |  |

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| 1. **Duration of the learning period abroad** | |
| Start date of the training abroad | (dd/mm/yyyy) |
| End date of the training abroad | (dd/mm/yyyy) |
| Length of time abroad | (number of weeks) |

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| 1. **The qualification being taken by the learner - including information on the learner’s progress (knowledge, skills and competence already acquired)** | |
| Title of the qualification being taken by the learner (please also provide the title in the language of the partnership, if appropriate) |  |
| EQF level (if appropriate) |  |
| NQF level (if appropriate) |  |
| Information on the learner‘s progress in relation to the learning pathway (Information to indicate acquired knowledge, skills, competence could be included in an annex ) |  |
| Enclosures in annex - please tick as appropriate | Europass Certificate Supplement  Europass CV  Europass Mobility  Europass Language Passport  European Skills Passport  (Unit[s] of) learning outcomes already acquired by the learner  Other: (please specify) |

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| 1. **Description of the learning outcomes to be achieved during mobility** | |
| Title of unit(s)/groups of learning outcomes/parts of units to be acquired |  |
| Number of ECVET points to be acquired while abroad | Please specify (if appropriate) |
| Learning outcomes to be achieved |  |
| Description of the learning activities (e.g. information on location(s) of learning, tasks to be completed and/or courses to be attended) |  |
| Enclosures in annex - please tick as appropriate | Description of unit(s)/groups of learning outcomes which are the focus of the mobility  Description of the learning activities  Individual’s development plan when abroad  Other: (please specify) |

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| 1. **Assessment and documentation** | |
| Person(s) responsible for assessing the learner’s performance | Name: |
| Organisation, role: |
| Assessment of learning outcomes | Date of assessment: (dd/mm/yyyy) |
| Method: (please specify) |
| How and when will the assessment be recorded? |  |
| Please include | Detailed information about the assessment procedure (e.g. methods, criteria, assessment grid)  Template for documenting the acquired learning outcomes (such as the learner’s transcript of record or Europass Mobility)  Individual’s development plan when abroad  Other: (please specify) |

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| 1. **Validation and recognition** | |
| Person (s) responsible for validating the learning outcomes achieved abroad | Name: (please insert) |
| Organisation, role: (please specify) |
| How will the validation process be carried out? | (please specify) |
| Recording of validated achievements | Date: (dd/mm/yyyy) |
| Method: (please specify) |
| Person(s) responsible for recognising the learning outcomes achieved abroad | Name: (please insert) |
| Organisation, role: (please specify) |
| How will the recognition be conducted? | (please specify) |

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| 1. **Signatures** | | |
| **Home organisation/country** | **Host organisation/country** | **Learner** |
|  |  |  |
| Name, role | Name, role | Name |
|  |  |  |
| Place, date | Place, date | Place, date |
|  |  |  |

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| **If applicable: Intermediary organisation** | **If applicable: Parent or legal guardian** |
|  |  |
| Name, role | Name, role |
|  |  |
| Place, date | Place, date |
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| 1. **Additional information** |

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| 1. **Annexes** |