

HOW TO FILL IN THE LEARNING AGREEMENT FOR TRAINEESHIP

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|---|------------------------|----------------------------|-------------------------------------|---------------------------------------|--|--|---|
| Trainee | Last name(s) | First name(s) | Date of birth | Nationality | Sex [M/F] | Study cycle* | Field of education** |
| Sending Institution | Name | Faculty/ Department | Erasmus code (if applicable) | Address | Country | Contact person name; email; phone | |
| | UNIVERSITY OF FLORENCE | SCHOOL OF ENGINEERING | I FIRENZE01 | Via di Santa Marta, 3 – 50139 Firenze | ITALY | Laura Galli International@ingegneria.unifi.it +39 055 2758987 | |
| Receiving Organisation /Enterprise | Name | Department | Address; website | Country | Size | Contact person name; position; e-mail; phone | Mentor name; position; e-mail; phone |
| | | | | | <input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees | | |

*indicate EQF level 6 if you are enrolled at the Bachelor Degree, EQF level 7 for Master Degree and EQF level 8 for PhD

**Indicate one of the following codes according to the area of your course:

- 071 Engineering and Engineering Trades
- 0713 Electricity and Energy
- 0714 Electronics and Automation
- 0715 Mechanics and Metal Trades
- 0732 Building and Civil Engineering
- 061 Information and Communication Technologies

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise

Planned period of the physical mobility: from [month/year] to [month/year] *

If applicable, planned period(s) of the virtual mobility: from [month/year] to [month/year] *

| | |
|---|---------------------------------------|
| Traineeship title: ... | Number of working hours per week: ... |
| Detailed programme of the traineeship DETAILED PROGRAM OF THE ACTIVITY | |
| Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes): KNOWLEDGE AND SKILLS THAT WILL BE ACQUIRED DURING THE INTERNSHIP | |
| Monitoring plan: INTERNSHIP MONITORING PROGRAM | |
| Evaluation plan: HOW THE FINAL EVALUATION OF THE INTERNSHIP WILL BE CARRIED OUT | |

*indicate the approximate period of the internship and if there is a virtual mobility

| |
|---|
| The level of language competence* in _____ [indicate here the main language of work] 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"/> Native speaker <input type="checkbox"/> |
|---|

*Indicate the level of knowledge of the Language

Table B - Sending Institution

Please use only one of the following three boxes:*

1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

| | |
|--|--|
| Award ECTS credits (or equivalent) | Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/> |
| Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent). | |
| Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

2. The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:

| | |
|--|---|
| Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please indicate the number of credits: |
| Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/> |
| Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Record the traineeship in the trainee's Diploma Supplement (or equivalent). | |
| Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:

| | |
|--|---|
| Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please indicate the number of credits: |
| Record the traineeship in the trainee's Europass Mobility Document (<i>highly recommended</i>): Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Accident insurance for the trainee**

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|---|--|
| The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input type="checkbox"/> | The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input type="checkbox"/> | |

*Indicate one of the three solutions: if the internship is part of the study plan, fill in number 1, showing the number of credits that should be acquired, put a flag on "Final Report". If the internship is post-graduated fill-in number 3 and put a flag on NO about ECTS. For PhD fill in number 2 indicating if there are ECTS to acquire.

**Flag YES for all the questions

Table C - Receiving Organisation/Enterprise*

| | |
|--|--|
| The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, amount (EUR/month): |
| The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: | |
| The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/> | The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee. | |
| Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship. | |

*This table should be filled in by the Host Institution

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 Receiving Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period. The Sending 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 (or the principles agreed in the partnership agreement for institutions located in Partner Countries).

| Commitment | Name | Email | Position | Date | Signature |
|--|-------------|--------------|-----------------|-------------|------------------|
| Trainee | | | <i>Trainee</i> | | |
| Responsible person at the Sending Institution* | | | | | |
| Supervisor at the Receiving Organisation | | | | | |

*Indicate the name of the Supervisor of the internship