

# LEARNING AGREEMENT FOR TRAINEESHIP

## The Trainee

Last name (s)	First name (s)
Date of birth	Nationality <sup>1</sup>
Gender [M/F]	Academic year 2021-2022
Study cycle <sup>2</sup>	Subject area, Code <sup>3</sup>
Phone	E-mail

## The Sending Institution

Name	Chalmers University of Technology	Faculty	
Erasmus code	S GOTEBORG02	Department	Chalmers International Mobility
Address	Chalmers plats 4	Country, Country code <sup>4</sup>	Sweden SE
Contact person name	Jamal Nasir	E-mail Phone	<a href="mailto:Jamal.nasir@chalmers.se">Jamal.nasir@chalmers.se</a> +46 31 772 2491

## The Receiving Institution/Organisation/Enterprise

Name Sector <sup>5</sup>		Department	
Address + website		Country + Country code <sup>4</sup>	
		Size of enterprise <sup>6</sup>	
Contact person <sup>7</sup> Name + position		Contact person e-mail + phone	
Mentor <sup>8</sup> Name + position		Mentor e-mail+ phone	

For guidelines, please look at - <https://www.student.portal.chalmers.se> ,  
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 [day/month/year] ..... till [day/month/year] .....
<b>Number of working hours per week:</b> ...
<b>Traineeship title:</b> ...
<b>Detailed programme of the traineeship period...</b>
<b>Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship ...</b>
<b>Monitoring plan ...</b>
<b>Evaluation plan ...</b>

**Language competence of the trainee**

The level of language competence<sup>9</sup> 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

**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 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:  
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. Yes  No
- Record the traineeship in the trainee's Europass Mobility Document Yes  No  *This is recommended if the trainee will be a recent graduate.*

**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

(see: <http://www.student.portal.chalmers.se> )

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

### Exchange coordinator in the sending institution:

Name: \_\_\_\_\_ Function: Departmental Coordinator  
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 \_\_\_\_\_

Date: \_\_\_\_\_

### The sending institution

Exchange coordinator's signature \_\_\_\_\_

Date: \_\_\_\_\_

### The receiving organisation/enterprise

Responsible person's signature \_\_\_\_\_

Date: \_\_\_\_\_

## Section to be completed DURING THE MOBILITY

### EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT

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

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

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

Approval by e-mail or signature from the trainee, the responsible person in the sending institution and the responsible person in the receiving organisation/enterprise.

<b>The trainee:</b>	
Trainee's signature	Date:
<b>The sending institution</b>	
Exchange coordinator signature	Date:
<b>The receiving organisation/enterprise</b>	
Responsible person's signature	Date:

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

<b>New responsible person in the sending institution:</b>	
Name:	Function:
Phone number:	E-mail:
<b>New responsible person in the receiving organisation/enterprise:</b>	
Name:	Function:
Phone number:	E-mail:

## 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> **ISCED:** Please see the Excel list 'Download ISCED codes' on: <https://www.wur.nl/en/Education-Programmes/Study-Abroad-and-Exchange-Students/Outgoing-from-Wageningen-University/International-InternshipThesis/Internshipthesis-Erasmus-Application.htm>

<sup>4</sup> **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

<sup>5</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>6</sup> The size of the enterprise could be, for instance, 1-50 / 51-500 / more than 500 employees.

<sup>7</sup> **Contact person:** a person who can provide administrative information within the framework of Erasmus traineeships.

<sup>8</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>9</sup> For the Common European Framework of Reference for Languages (**CEFR**) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

<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.