



# LEARNING AGREEMENT FOR TRAINEESHIPS GRADUATES

## **Erasmus Traineeship 2023-2025**

First name(s)

### I. THE THREE PARTIES

#### The Trainee

Last name(s).		i ii st iiaiiie(s).			
Date of birth:		Nationality <sup>(1)</sup> :			
Gender: male female	diverse	Phone:			
E-mail:					
Study cycle:					
Code ( <u>Field of Education</u> (2)):		Academic year:			
The Sending Institution (University)					
Name of Institution:					
Erasmus Code:					
Address:					
Country: Ge	ermany				
Faculty: Internationa	l Office				
Responsible Contact Person <sup>(3)</sup> :					
The Receiving Organisation/Enterprise					
Name of Institution:					
Department:					
[if applicable]					
Address: Street:					
Postal Code:	City:	<b>Size:</b> <250			
Country:		[Number of empolyees] >250			
Website:					
(1) Country to which the person belongs administrativ	ely and that is	ssues the ID card and/or passport.			

- (2) Choose a four-digit ISCED-Code from our official list, that is closest to your field of education and enter it in your Learning Agreement.
- (3) Responsible contact person at 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. It is a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution (e.g. Prüfungsamt, placement coordinator, Erasmus coordinator, professor ...). Please choose a person from our official list.

Period of the Mobility [day/month/year]: Start: End:  Number of working hours per week: Vacation: [days/month]  *Please note that the traineeship must be a full-time position.	
Phone: E-mail: Mentor(5): [if different from supervisor] Position/Function: Phone: E-mail:  II. DETAILS OF THE TRAINEESHIP PROGRAMME Duration  Period of the Mobility [day/month/year]: Start: End: Number of working hours per week: Vacation: [days/month] *Please note that the traineeship must be a full-time position.  Contents/Tasks(6)	at Organisation:
E-mail:  Mentor(5): [if different from supervisor]  Position/Function:  Phone:  E-mail:  II. DETAILS OF THE TRAINEESHIP PROGRAMME  Duration  Period of the Mobility [day/month/year]: Start: End:  Number of working hours per week: Vacation: [days/month]  *Please note that the traineeship must be a full-time position.  Contents/Tasks(6)	n:
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Contents/Tasks <sup>(6)</sup>	ng hours per week: Vacation: [days/month]
	traineeship must be a full-time position.
Detailed programme of the traineeship:	5(6)
	ramme of the traineeship:
• Traineeship in digital skills <sup>(7)</sup> : Yes No	digital skills <sup>(7)</sup> : Yes No

- (4) Contact person (Supervisor) at the Receiving Organisation: this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate. He or she can also provide administrative information within the framework of Erasmus+ traineeships.
- (5) 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.
- (6) To find out what has to be described here, see model version (Musterbeispiele) on our website.
- (7) Traineeship in digital skills: any traineeship where trainees receive training and practice in at least one or more of the following activities: digital marketing (e.g. social media management, web analytics); digital graphical, mechanical or architectural design; development of apps, software, scripts, or websites; installation, maintenance and management of IT systems and networks; cybersecurity; data analytics, mining and visualisation; programming and training of robots and artificial intelligence applications. Generic customer support, order fulfilment, data entry or office tasks are not considered in this category.

the traineeship (expected Learning	g outcomes):
Monitoring Plan (Betreuung):	
Tromcomig Fran (Betreuung)	
• Evaluation Plan (Feedback):	
Language competence of the trai	nee
The main working language(s) is (are	):
The level of language competence <sup>(8)</sup> acquire by the start of the mobility pe	that the trainee already has or agrees to riod is:
Language:	Level:
Language:	Level:
Language:	Level:

#### III. THE SENDING INSTITUTION

#### Recognition

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

1) Award ECTS credits (or equivalent)

Yes

No

If yes, number of credits:

2) Record the traineeship in the trainee's Europass Mobility Document. Yes

No

Please note: The Office for Erasmus traineeships Saxony-Anhalt will issue the graduate a EUROPASS Mobility.

#### **Insurance**

The Sending Institution will provide a liability insurance to the trainee.

Yes

No

The Sending Institution will provide an accident insurance to the trainee. Yes

No

## IV. THE RECEIVING ORGANISATION/ENTERPRISE

## Salary

The Receiving Institution will provide financial support to the trainee for the traineeship:

Yes

No

If yes, amount (€/month):

Other contribution in kind (e.g. free accommodation, bonus, food and meals, public transport, etc.):

Yes

No

Please specify:

Having a value of approx.:

€/month

#### **Insurance**

The Receiving Institution will provide a liability insurance (damages caused by the trainee at the workplace) to the trainee.

Yes

No

The Receiving Institution will provide an accident insurance (damages caused to the trainee at the workplace) to the trainee.

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

#### IV. COMMITMENT OF THE THREE PARTIES

By signing this document, the trainee, the Sending Institution an 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 the Receiving Organisation/ Enterprise will collaborate with the Coordinating Institution (Office for Erasmus traineeships Saxony-Anhalt<sup>(9)</sup>) and communicate to the Coordinating Institution and Sending Institution any problem or changes regarding the mobility period. The Coordinating 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.

The Trainee				
Date:	Signature:			
The Sending Institut	tion			
Name of responsible contact person:				
Position/Function:				
E-mail:				
Phone:				
Date:	Signature:			
The Receiving Organ	nisation/Enterprise			
him/her with tasks a	se of the above student's knowledge and skills and provide and responsibilities appropriate to his/her qualifications and ride the trainee with appropriate equipment and support.			
necessary documents Institution as well as completed Euroskills-Que We confirm that we	the traineeship the Organisation/Enterprise will provide the for recognition of the placement by the trainee's Sending a Reference Letter or the EU-Traineeship Certificate and the estionnaire within 1 week after the traineeship. are not an official body/agency of the EU and/or that our inister Community programmes of the EU.			
Name of contact perso	on:			
Date:	Signature:			