



# **LEARNING AGREEMENT FOR TRAINEESHIPS STUDENTS**

# **Erasmus Traineeship 2023-2025**

# I. THE THREE PARTIES

## The Trainee

Last name(s): First name			First name(s):		
Date of birth:			Nationality <sup>(1)</sup> :		
Gender:	male	female	diverse	Phone:	
E-mail:					
Study cycle:					_
Code (Field o	f Educat	ion <sup>(2)</sup> ):		Academic year:	
The Sending	Institu	ıtion (Ur	niversity)		
Name of Inst	itution:				
Erasmus Code	e:				
Address:					
	Country: Germany				
Faculty:					
Responsible (	Contact	Person <sup>(3)</sup> :			
The Receiving Organisation/Enterprise					
Name of Inst	itution:				
<b>Department:</b> [if applicable]					
Address: Stre	et:				
Pos	tal Code	:	City:	<b>Size:</b> <250	)
Cou	ntry:			[Number of empolyees] >250	)
Wel	osite:				
(1) Country to which th	e person belo	ongs administra	tively and that iss	sues the ID card and/or passport.	
	•	_	•	losest to your field of education and enter it in your Learn	nina

Agreement.

<sup>(3)</sup> 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.

Contact person <sup>(4)</sup> at Organisation:	
Position/Function:	
Phone:	
E-mail:	
Mentor <sup>(5)</sup> : [if different from supervisor]	
Position/Function:	
Phone:	
E-mail:	
II. DETAILS OF THE TRAINEESHIP PROGRAM Duration	IME
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 <sup>(6)</sup>	
Detailed programme of the traineeship:	

(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.

Yes

No

(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.

Traineeship in digital skills<sup>(7)</sup>:

(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

[Please fill in only one of the following boxes.]

A) The traineeship is **embedded in the curriculum** (counting towards the degree) and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits number of credits:

Traineeship certificate Give a grade based on:

> Final report Interview

Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).

#### OR

B) The traineeship is **voluntary** (not obligatory for the degree) and, upon satisfactory completion of the traineeship, the institution undertakes to record the traineeship in the trainee's Diploma Supplement (or equivalent).

Moreover, the institution will:

1) Award ECTS credits:

Yes No

If yes, number of credits:

2) Give a grade:

Yes

No

If yes, please indicate if it will be based on: Traineeship certificate

Final report

Interview

3) Record the traineeship in the trainee's **Transcript of Records**.

Yes

No

Record the traineeship in the trainee's Europass Mobility Document<sup>(9)</sup>.

Yes

No

## **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:

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.			No
The Receiving Institution will provide an accident insurance (damages caused to the trainee at the workplace) to the trainee.			No
The accident insurance covers:			
- accidents during travels made for work purposes	Yes	No	
<ul> <li>accidents on the way to work and back from work</li> </ul>	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>(10)</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	cion			
Name of responsible contact person:				
Position/Function:				
E-mail:				
Phone:				
Date:	Signature:			
The Receiving Organ	nisation/Enterprise			
him/her with tasks a	e of the above student's knowledge and skills and provide nd responsibilities appropriate to his/her qualifications and de the trainee with appropriate equipment and support.			
necessary documents for Institution as well as completed Euroskills-Que We confirm that we as	he 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. Here not an official body/agency of the EU and/or that our nister Community programmes of the EU.			
Name of contact perso	n:			
Date:	Signature:			