



# Learning Agreement for Traineeships/Thesis

*Student's name*  
*Academic Year*  
*Registration Number*  
*(matricola)*

Trainee	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
<b>Sending Institution</b>	<b>Name</b>	<b>Department</b>		<b>Address</b>	<b>Country</b>	<b>Contact person name; email; phone</b>	
	Università di Pisa				Italy		
<b>Receiving Organisation /Enterprise</b>	<b>Name</b>	<b>Department</b>	<b>Address; website</b>	<b>Country</b>	<b>Size</b>	<b>Contact person name; position; e-mail; phone</b>	<b>Mentor name; position; e-mail; phone</b>
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

## Before the mobility

<b>Table A - Traineeship Programme at the Receiving Organisation/Enterprise</b>	
Planned period of the mobility: from [month/year] ..... to [month/year] .....	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	
The level of <b>language competence</b> 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"/>	

<b>Table B - Sending Institution</b>	
<i>Please use only one of the following three boxes:</i>	
1. The traineeship is <b>embedded in the curriculum</b> 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 <b>voluntary</b> 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 <b>recent graduate</b> 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"/>	
<b>Accident insurance for the trainee</b>	
The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	

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**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.	

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.

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



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## During the Mobility

<p><b>Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise</b> (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)</p> <p style="text-align: center;">Planned period of the mobility: from [day/month/year] ..... till [day/month/year] .....</p>	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship period:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	

	Name	Date	Signature for approval
Student			
Responsible person at the Sending Institution			
Responsible person at the Receiving Institution			



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## After the Mobility

<i>Table D - Traineeship Certificate by the Receiving Organisation/Enterprise</i>	
Name of the trainee: .....	
Name of the Receiving Organisation/Enterprise: .....	
Sector of the Receiving Organisation/Enterprise:	
Address of the Receiving Organisation/Enterprise [street, city, country, phone, e-mail address], website:	
Start date and end date of traineeship: from [day/month/year] ..... to [day/month/year] .....	
Traineeship title:	
Detailed programme of the traineeship period including tasks carried out by the trainee:	
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):	
Evaluation of the trainee:	
Date:	
Name and signature of the Supervisor at the Receiving Organisation/Enterprise:	

Number of curricular ECTS credits to be recognised	Number of extra-curricular ECTS credits to be recognised
Date:	
Name and signature of the Responsible person at the Sending Institution:	