

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	
Sending Institution	Name		Department		Address		Country	
	Università di Pisa						Italy	
Receiving Organisation /Enterprise	Name		Department		Address; website		Country	
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		Contact person name; position; e-mail; phone Mentor name; position; e-mail; phone	

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise

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 **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 A2 B1 B2 C1 C2 Native speaker

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

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>Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise (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

Table D - Traineeship Certificate by the Receiving Organisation/Enterprise

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:	