

LEARNING AGREEMENT

STUDENT MOBILITY FOR TRAINEESHIPS

The Trainee

Student's last name		Student's first name	
Date of birth		Nationality ¹	
Sex [M/F/Undefined]		Academic year	2022/23
Study cycle ²		Field of Education ³	
Phone		E-Mail	

The Sending Institution

Name	FH Münster University of Applied Sciences	Department/ Faculty	International Office
Address	Hüfferstrasse 27, 48149 Münster / Germany	Country	Germany
Erasmus code ⁴	D MUNSTER02	Contact person ⁵ name; email; phone	Judith Schulten judith.schulten@fh-muenster.de phone: +49 251 83 64107

The Receiving Organisation / Enterprise

Name		Department	
Address		Country	
Website		Size of enterprise	
Contact person ⁶ name; position, e-mail; phone			
Mentor ⁷ name; position, e-mail; phone			

For end notes please look at annex 1.

Section to be completed BEFORE THE MOBILITY

Table A. TRAINEESHIP PROGRAMME AT THE RECEIVING ORGANISATION / ENTERPRISE

Planned period of the physical mobility: From [day/month/year] __.__.____ to [day/month/year] __.__.____ If applicable, planned period(s) of the virtual mobility: From [day/month/year] __.__.____ to [day/month/year] __.__.____
Traineeship title:
Number of working hours per week:
Detailed programme of the traineeship:
Traineeship in digital skills⁸: Yes <input type="checkbox"/> No <input type="checkbox"/>
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**⁹ in «spr_id_arbeit» [*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 boxes/ Bitte verwenden Sie **nur einen** der folgenden drei Abschnitte: ¹⁰

1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent) ¹¹ .
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 checked="" 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 ECTS 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 checked="" 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 checked="" type="checkbox"/>	If yes, please indicate the number of ECTS credits:
Record the traineeship in the trainee's Europass Mobility Document (<i>highly recommended</i>): Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input checked="" 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 in 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 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 equipment and support 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.	

COMMITMENT OF THE THREE PARTIES

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. The Sending 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.

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person ¹² at the sending institution					
Supervisor ¹³ at the Receiving organisation					

Section to be completed DURING THE MOBILITY

**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.)

Planned period of the physical mobility: From [day/month/year] __.__.____ to [day/month/year] __.__.____ If applicable, planned period(s) of the virtual mobility: From [day/month/year] __.__.____ to [day/month/year] __.__.____
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:

1. Trainee	2. Responsible person at sending institution	3. Responsible person at receiving institution
Date:	Date:	Date:
Signature:	Signature:	Signature:

In case of changes of responsible persons:

Changes of the responsible person(s)	Name	Email	Position
New responsible person at the sending institution			
New supervisor at the receiving organisation			

Section to be completed AFTER THE MOBILITY

Table B. 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 the complete traineeship (incl. virtual competent, if applicable): from [day/month/year] __.__.____ to [day/month/year] __.__.____ Start date and end date of physical mobility: 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:

Annex 1: End notes

¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² **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).

³ **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/iscsed-f_en.htm) available at http://ec.europa.eu/education/tools/iscsed-f_en.htm should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the student by the sending institution.

⁴ **Erasmus code:** a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries.

⁵ **Contact person at the sending institution:** 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.

⁶ **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.

⁷ **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.

⁸ **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.

⁹ **Level of language competence:** a description of the European Language Levels (CEFR) is available at: <https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

¹⁰ **There are three different provisions for traineeships:**

1. Traineeships embedded in the curriculum (counting towards the degree);
2. Voluntary traineeships (not obligatory for the degree);
3. Traineeships for recent graduates.

Es gibt drei verschiedene Bestimmungen für Praktika:

1. Praktika, die Teil des Lehrplans sind (und für den Abschluss angerechnet werden);
2. Freiwillige Praktika (nicht verpflichtend für den Abschluss);
3. Praktika für neue Absolventen.

¹¹ **ECTS credits or equivalent:** in countries where the "ECTS" system it is not in place, in particular for institutions located in Partner Countries not participating in the Bologna process, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a weblink to an explanation to the system should be added.

¹² **Responsible person in 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. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

Zuständige Person in der Heimathochschule: Diese Person ist für die Unterzeichnung der Lernvereinbarung, eine eventuelle Anpassung und die Anerkennung der Anrechnungspunkte sowie verbundener Lernergebnisse im Auftrag der zuständigen akademischen Körperschaft wie in der Lernvereinbarung angegeben verantwortlich. Der Name und die E-Mail-Adresse der zuständigen Person müssen nur dann angegeben werden, wenn sie sich von der am Anfang des Dokuments genannten Kontaktperson unterscheiden.

¹³ **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. The name and email of the Supervisor must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.



Erasmus+

**Higher Education
Learning Agreement form**
Name: _____



FH MÜNSTER
University of Applied Sciences
