Learning Agreement
Student Mobility for Traineeships

Trainee	**Last name(s)**	**First name(s)**	**Date of birth**	**Nationality**	**Sex [M/F]**	**Study cycle**	**Field of education**
Sending Institution	**Name**	**Faculty/ Department**	**Erasmus code**	**Address**	**Country**	**Contact person name; email; phone**	
	UNIVERSITY OF JUSTICE	-	WARSZAW100	Wiśniowa 50 02-520 WARSAW	POLAND	LT MACIEJ KALAMAN maciej.kalaman@aws.edu.pl	
Receiving Organisation/ Enterprise	**Name**	**Department**	**Address; website**	**Country**	**Size**	**Contact person name; position; e-mail; phone**	**Mentor name; position; e-mail; phone**
					☐ < 250 employees ☐ > 250 employees		

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise **Planned period of the 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 skills: Yes ☐ No ☐
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* ☐

Learning Agreement
Student Mobility for Traineeships

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 ☐ Final report ☐ Interview ☐
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 ☐ No ☐

2.The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes ☐ No ☐ If yes, please indicate the number of credits: ….
Give a grade: Yes ☐ No ☐ If yes, please indicate if this will be based on: Traineeship certificate ☐ Final report ☐ Interview ☐
Record the traineeship in the trainee's Transcript of Records: Yes ☐ No ☐
Record the traineeship in the trainee's Diploma Supplement (or equivalent).
Record the traineeship in the trainee's Europass Mobility Document: Yes ☐ No ☐

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 ☐ No ☐ If yes, please indicate the number of credits: ….
Record the traineeship in the trainee's Europass Mobility Document: Yes ☐ No ☐

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 ☐ 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 ☒

The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise):
Yes ☐ No ☒

Table C - Receiving Organisation/Enterprise

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes ☐ No ☐ If yes, amount (EUR/ month): ……..
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes ☐ No ☐
If yes, please specify: ….
The Receiving Organisation/Enterprise will provide an accident
insurance to the trainee (if not provided by the Sending Institution):
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 ☐

The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution):
Yes ☐ No ☐
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. 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 at the Sending Institution					
Supervisor at the Receiving Organisation					

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 mobility: from [day/month/year] ……. till [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:	
Date:	
Name and signature of the Supervisor at the Receiving Organisation/Enterprise:	

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: