

Please fill in all yellow marked fields and copy the information in red.



Learning Agreement Student Mobility for Traineeships

Higher Education:
Learning Agreement form
Student's name
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/Undefined]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Witten / Herdecke University	Faculty of Management, Economics and Society	D WITTEN02	Alfred-Herrhausen-Straße 50, 58455 Witten	Germany	[Contact Person (see comment)]	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person ⁶ name; position; email; phone	Mentor ⁷ name; position; email; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

Commented [ET1]: 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

Commented [ET2]: Field of education
B.Sc. Management/M.Sc. S&O/M.A. GM: 0410
B.A. PPO/M.A. PPE: 0311

Commented [NP3]: If Erasmus:
Eike Tauch
International Coordinator / Erasmus+
Tel: +49 2302 926-9705
Email: international-office@uni-wh.de

If Global :
Dagmar Koch
International Coordinator
Tel: +49 2303 926-563
Email: international-office@uni-wh.de

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:	
Traineeship in digital skills ⁸ : 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 competence⁹ 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

Commented [ET4]: Indicate the main language of instruction. The language of instruction can differ from the local language, e.g., if you do the internship in France but will mainly work in English, the main language of instruction is English.

Table B - Sending Institution
Please use only one of the following three boxes: 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 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:

Commented [TE5]: To be filled in by the department/faculty

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 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 Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input type="checkbox"/>					
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. 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	Univ.-Prof. Dr. Christoph Schreiber	Christoph.Schreiber@uni-wh.de	Vice Dean for Teaching		
Supervisor ¹³ at the Receiving Organisation					

Commented [TE6]: To be filled in by the internship provider

During the Mobility

Commented [TE7]: To be filled in during the mobility in case of changes

<p><i>Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise</i> (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>Planned period of the mobility: from [month/year] till [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:	

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the changes to the Learning Agreement.

Commitment	Name	Email	Position	Date	Signature
Trainee			<i>Trainee</i>		
Responsible person ¹⁴ at the Sending Institution	Univ.-Prof. Dr. Christoph Schreiber	Christoph.Schreiber@uni-wh.de	Vice Dean for Teaching		
Supervisor ¹⁵ at the Receiving Organisation					

After the Mobility

Commented [TE8]: To be filled in by the internship provider at the end of 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:

