**LEARNING AGREEMENT FOR TRAINEESHIPS**

**The Trainee**

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| Last name |       | First name(s) |       |
| Date of birth |       | Nationality |       |
| Gender  |   | Academic year | 2018 / 2019 |
| Study cycle | Bachelor / Master | Subject area |   |
| Phone |       | E-mail |       |
| Student no.  |       |  |  |

**The Sending Institution**

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| Name | Tampere University of Applied Sciences (TAMK) | Faculty |   |
| Erasmus code  | SF TAMPERE06 | Department |        |
| Address | Kuntokatu 3FI-33520 TampereFinland | Country,Country code | Finland, FI |
| Contact person name | Krista Merikoski/ Eeva Heikkilä  | Contact e-mail  | outgoing.students@tamk.fi |

**The Receiving Organisation/Enterprise**

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| Name WebsiteSector |            |
| Street address, postal code and city |       | Country |       |
| Size of enterprise |   |
| Contact person name / position |       | Contact persone-mail  |       |
| Mentor name / position |       | Mentor e-mail |       |

 **Contact person**: a person who can provide administrative information within the framework of Erasmus traineeships.

**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.

#### **Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

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| **Planned period of the mobility**:       /       201      -       /       201      day / month / year – day / month / year |
| **Number of working hours per week:**       |
| **Traineeship title (job title / position):**       |
| **Detailed programme of the traineeship period (schedule, incl. weekly hours, holidays etc.):**      |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship:**      |
| **Monitoring plan:**      |
| **Evaluation plan:**      |

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| **Language competence of the trainee**The level of language competence in       that the trainee already has or agrees to acquire by the start of the mobility period is: <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>  |

**The sending institution**

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

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| The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:* Award       ECTS credits.
* Give a grade based on: Traineeship certificate [x]  Final report [x]  Interview [ ]
* Record the traineeship in the trainee's Transcript of Records.
* Record the traineeship in the trainee's Diploma Supplement (or equivalent).
* Record the traineeship in the trainee's Europass Mobility Document Yes [ ]  No [x]
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| **The receiving organisation/enterprise**The trainee will receive financial support for his/her traineeship: Yes [ ]  No [ ] If yes, amount in EUR/month:      The trainee will receive a contribution in kind for his/her traineeship: Yes [ ]  No [ ] If yes, please specify:      Is the trainee covered by the accident insurance? Yes [ ]  No [ ] If not, please specify whether the trainee is covered by an accident insurance provided by the sending institution: Yes [x]  No [ ] The accident insurance covers:- accidents during travels made for work purposes: Yes [x]  No [ ] - accidents on the way to work and back from work: Yes [x]  No [ ] Is the trainee covered by liability insurance? Yes [x]  No [ ] The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee.Upon completion of the traineeship, the organisation/enterprise undertakes to issue a Traineeship Certificate maximum 5 weeks after the traineeship. |

**II. RESPONSIBLE PERSONS**

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| **Responsible person in the sending institution:**Name:       Function: Supervising teacher at TAMK Phone number:       E-mail:       |

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| **Responsible person in the receiving organisation/enterprise (supervisor):**Name:       Function:      Phone number:       E-mail:        |

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed 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.

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| **The trainee**Trainee’s signature Date:  |
| **The sending institution**Responsible person’s signature Date:  |
| **The receiving organisation/enterprise**Responsible person’s signature Date:  |