

## Informationen zum Ausfüllen des Learning Agreements:

Das Learning Agreement ist Bestandteil des Vertrages, der bei Bewilligung des Stipendiums zwischen der a.i.m. rlp und dem Studierenden geschlossen wird. Es kann auf Englisch, Deutsch, Französisch, Spanisch oder Italienisch ausgefüllt werden. Die **Reihenfolge der Unterschriften** muss eingehalten werden.

Von Seiten der Hochschule muss das Learning Agreement von einer/m Dozenten/in aus dem Fachbereich unterschrieben werden, der/die berechtigt ist, den Inhalt des Praktikums fachlich zu beurteilen. Die Qualität des Praktikums und die Anerkennung durch die Hochschule werden durch die Unterschrift bestätigt.

1. die/der Studierende trägt zunächst die Angaben zu seiner/ihrer Person und zur Hochschule am PC ein
2. das Dokument wird dann per Mail an das Unternehmen weitergeleitet und dort von dem/der Betreuer/in ebenfalls am PC ausgefüllt (The Receiving Organisation, Tabelle A und C). Anschließend wird das Dokument mit Unterschrift und Stempel - am besten **per E-Mail** - an den/die Studierende/n geschickt
3. der/die Studierende unterschreibt selbst und leitet es an die Hochschule weiter, wo es von dem/der Dozenten/in (siehe oben) ausgefüllt (Tabelle B), unterschrieben und gestempelt wird
4. wenn alle drei Unterschriften und die Stempel des Unternehmens sowie der Hochschule auf dem Dokument vorhanden sind, wird es **per E-Mail und per Post (3 Kopien)** an die Agentur für internationale *Hochschul-Mobilität* Rheinland-Pfalz gesendet.

---

## Dear Receiving Organisation / Enterprise,

This LEARNING AGREEMENT documents the content of the internship you are offering. The programme, scope and range of tasks and mentoring should demonstrate a level of expertise relevant to the student's field of studies and suitable to the duration of the internship.

This agreement serves as a contract between all of the signing parties. Therefore, if any changes in duration or content need to be made in the course of the internship, please contact our office without delay.

Please fill in the following sections on **the computer**:

1. All information concerning the Receiving Organisation/ Enterprise (1st page)
2. All of the questions in Table A (possible in English, German, French or Spanish) and Table C.
3. Sign and stamp the agreement on behalf of the Receiving Organisation/ Enterprise (Commitment of the four parties).

Please send the **signed document back to the student** (preferably by e-mail). If you have any questions do not hesitate to contact us: [erasmuspraktika@hochschule-trier.de](mailto:erasmuspraktika@hochschule-trier.de)

For more explicit guidelines and codes, please see [Guidelines for Learning Agreement \(English\)](#)

# Learning Agreement

## Student Mobility for Traineeships

### The Trainee

Last name(s)		First name(s)	
Date of birth		Male <input type="checkbox"/>	Female <input type="checkbox"/> Undefined <input type="checkbox"/>
Phone		E-Mail	
Nationality <sup>1</sup>		Study cycle <sup>2</sup>	
Field of education <sup>3</sup>			

### The Sending Institution

Name			
Erasmus code <sup>4</sup>		Faculty	
Address		Department	
		Country	
<b>Contact person<sup>5</sup></b>			
Name		Phone	
		E-mail	

### The Receiving Organisation/Enterprise

Name		Department	
Address (Street, Post code, City)		Sector / Field of activity	
Country		Website	
Public Body <input type="checkbox"/>	Non-Profit <input type="checkbox"/>	under 250 employees <input type="checkbox"/>	Number of employees
<b>Contact person<sup>6</sup></b>			
Name		Phone	
Position		E-mail	
<b>Mentor<sup>7</sup></b>			
Name		Phone	
Position		E-mail	

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

<sup>2</sup> **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).

<sup>3</sup> **Field of education:** The ISCED-F 2013 search tool available at [http://ec.europa.eu/education/tools/isced-f\\_en.htm](http://ec.europa.eu/education/tools/isced-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 trainee by the sending institution. All ISCED-F-Codes can also be looked up at <http://www.erasmuspraktika.de/fileadmin/downloads/ISCED-F-Codes.pdf>

<sup>4</sup> **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.

<sup>5</sup> **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.

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

<sup>7</sup> **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.

## BEFORE THE MOBILITY

**Table A - Traineeship Programme at the Receiving Organisation/ Enterprise**

<b>Period of the physical component: from</b>	<b>to</b>	<input style="width: 90%;" type="text"/>
If applicable, planned period of the virtual component: <input style="width: 15%;" type="text"/> to <input style="width: 15%;" type="text"/>		
Please enter the first and the last working day. Please note that the training period must be at least 2 months = 60 days!		
<b>Number of working hours per week:</b>	<input style="width: 90%;" type="text"/>	
Please note that the internship must be a full-time position and working hours may not exceed 40 hours per week.		
<b>Number of working days per week:</b>	<input style="width: 90%;" type="text"/>	
<b>Number of permanent staff in the department:</b>	<input style="width: 90%;" type="text"/>	
<b>Number of other interns/trainees in the department:</b>	<input style="width: 90%;" type="text"/>	
<b>Traineeship title:</b>	<input style="width: 90%;" type="text"/>	
<b>Detailed program of the traineeship period, including the virtual component, tasks and timetable on how the intern will be introduced to the tasks:</b> *Please be specific		

Traineeship in digital skills<sup>8</sup>: Yes ☐ No ☐

**Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship (expected Learning Outcomes):**

\*Please be specific

**Monitoring plan:**

\*Please describe how/when the trainee will be monitored and supervised during his/her traineeship.

**Evaluation plan:**

\*Please describe what criteria will be used to evaluate the traineeship period

**Language competence of the trainee:**

The level of language competence<sup>9</sup> in \_\_\_\_\_ (main language of work) that the trainee already has or agrees to acquire by the start of the mobility period is:

Language Level: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐ Native Speaker ☐

<sup>8</sup> **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.

<sup>9</sup> 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>

## Table B – The Sending Institution

Please use only one of the following three boxes<sup>10</sup>:

<p><b>1) The traineeship is embedded in the curriculum</b> and upon satisfactory completion of the traineeship, the institution undertakes to:</p> <ul style="list-style-type: none"> <li>Award <input type="text"/> ECTS<sup>11</sup> credits (or equivalent).</li> <li>Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/></li> <li>Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).</li> <li>Record the traineeship in the trainee's Europass Mobility Document<sup>12</sup>: Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>
<p><b>2) The traineeship is voluntary</b> and upon satisfactory completion of the traineeship, the institution undertakes to:</p> <ul style="list-style-type: none"> <li>Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the number of credits: <input type="text"/></li> <li>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"/></li> <li>Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Record the traineeship in the trainee's Diploma Supplement (or equivalent)</li> <li>Record the traineeship in the trainee's Europass Mobility Document<sup>12</sup>: Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>
<p><b>3) The traineeship is carried out by a recent graduate</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:</p> <ul style="list-style-type: none"> <li>Award ECTS credits: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the number of ECTS credits (or equivalent): <input type="text"/></li> <li>Record the traineeship in the trainee's Europass Mobility Document<sup>12</sup> (highly recommended): Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>

### Accident insurance for the trainee

The Sending Institution will provide an **accident insurance to the trainee** (if not provided by the Receiving Organisation/Enterprise)

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 ☐

<sup>10</sup> 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

<sup>11</sup> **ECTS credits or equivalent:** in countries where the "ECTS" system it is not in place, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a web link to an explanation to the system should be added.

<sup>12</sup> More information about the Europass: [www.europass-info.de](http://www.europass-info.de)

### Table C – The Receiving Organisation/Enterprise

The Receiving Organisation/Enterprise will provide **financial support** to the trainee for the traineeship:

Yes ☐ No ☐ If yes, amount in EUR/month (net amount):

The Receiving Organisation/Enterprise will provide a **contribution** in kind to the trainee for the traineeship (i.e. accommodation, free meals, language lessons, etc.): 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.

### COMMITMENT OF THE FOUR 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.

#### The Receiving Organisation/enterprise

Supervisor at the Receiving Organisation/enterprise<sup>13</sup>:

Name:

Position:

E-mail:

Phone:

Responsible

person's

signature

and **stamp**:

Date:

<sup>13</sup> **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.

**The Trainee**

Name: \_\_\_\_\_

Position: Trainee

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The Sending Institution****Responsible person in the Sending Institution<sup>14</sup>:**

Name: \_\_\_\_\_

Function: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Responsible  
person's  
signature  
and **stamp**: \_\_\_\_\_

Date: \_\_\_\_\_

**The project coordinating institution (Consortium)****The ERASMUS-coordinator of the consortium:**

Name: Jutta Rath

Function: director

**The contact person in the consortium:**

Name: Dr. Lena Schneider

Function: project coordinator

Phone: +49 651 8103 236

**Address:**a.i.m. rlp – Agentur für internationale *Hochschul*-Mobilität Rheinland-Pfalz

c/o Hochschule Trier, Postfach 1826; 54208 Trier, Germany

E-Mail: [erasmuspraktika@hochschule-trier.de](mailto:erasmuspraktika@hochschule-trier.de); Homepage: [www.erasmuspraktika.de](http://www.erasmuspraktika.de)Signature  
and  
stamp: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>14</sup> **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.