

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

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#### Informationen zum Ausfüllen:

Das Learning Agreement ist Bestandteil des Fördervertrags. Es wird digital auf Englisch, Deutsch, Französisch, Spanisch oder Italienisch ausgefüllt. Die Reihenfolge der Unterschriften muss eingehalten werden.

Von Seiten der Hochschule muss das Learning Agreement von einer Lehrkraft aus dem Fachbereich unterschrieben werden, 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. Der/die Studierende trägt zunächst am PC die Angaben zu seiner/ihrer Person und zur Hochschule (S.1)
- 2. Das Dokument wird per E-Mail an das **Unternehmen** weitergeleitet und dort ebenfalls am PC ausgefüllt (The Receiving Organisation, Tabelle A und C). Anschließend wird das Dokument mit Unterschrift und Stempel digital an den/die Studierende/n zurückgeschickt.
- 3. der/die Studierende unterschreibt selbst und leitet es an die **Hochschule** weiter, wo es von der Lehrkraft (siehe oben) ausgefüllt (Tabelle B), unterschrieben und gestempelt wird.
- 4. Mit allen drei Unterschriften wird es digital und per Post (3 Kopien) eingereicht.

#### **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.

It serves as a contract between all of the signing parties. Therefore, if any changes in duration or content occur, please contact our office immediately.

After the student has filled in his/her personal information and those of the university on page 1, 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, Italian or Spanish) and **Table C**.
- 3. Sign and stamp the agreement on behalf of the Receiving Organisation/ Enterprise (page 5).

Please send the signed document digitally back to the student, who will sign it and forward it to his/her university for Table B and the signature.

On the part of the university, the agreement must be signed by a teacher from the department who is authorised to assess the content of the internship. The quality of the internship and its recognition by the university are confirmed by the signature

If you have questions do not hesitate to contact us.

For more explicit guidelines and codes, please see https://erasmus-plus.ec.europa.eu/resources-and-tools/mobility-and-learning-agreements/learning-agreements/traineeships-agreement-guidelines-ka131#about.



# Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form

Academic Year 2024/2025

The Tra	inee

Last name(s)			First name(s)		
Date of birth	ate of birth		Male Fer	male 🗌	Undefined
Phone			E-Mail		
Nationality <sup>1</sup>	Nationality <sup>1</sup>		Study cycle <sup>2</sup>		
Field of education <sup>3</sup>	Field of education <sup>3</sup>				
The Sending Insti	tution				
Name					
Erasmus code <sup>4</sup>			Faculty		
Address			Department		
			Country		
Contact person <sup>5</sup>					
Name			Phone		
E-mail					
The Receiving Organisation/Enterprise					
Name			Department		
Address (Street, Post code, City	)		Sector / Field of acitivity		
Country			Website		
Public Body Non-Profit under 250 employees Number of employees					
Contact person <sup>6</sup>					
Name		Phone			
Position		E-mail			
Mentor <sup>7</sup>			•		
Name			Phone		
Position		E-mail			
		1	ı		

 $<sup>\</sup>frac{1}{2}$  **Nationality**: Country to which the person belongs administratively and that issues the ID card and/or passport.

<sup>&</sup>lt;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>&</sup>lt;sup>3</sup> **Field of education**: The ISCED-F 2013 search tool available at 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>&</sup>lt;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>&</sup>lt;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>&</sup>lt;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

Period of the physical component: from		to	]	
If applicable, planned period of the virtual con	mponent:		to	
Please enter the first and the last working day. Please	se note that th	he training period ı	must be at least 2 m	nonths = 60 days!
Number of working hours per week:				
Please note that the internship must be a full-time p	osition and w	orking hours may	not exceed 40 hours	s per week.
Number of working days per week:				
Number of permanent staff in the department	nent:			
Number of other interns/trainees in the de	epartment:			
Traineeship title:				
on how the intern will be introduced to th *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 ☐
Larryuaye Level. AT     AZ     BT     BZ     GT   GZ   Native Speaker      -

Generic customer support, order fulfilment, data entry or office tasks are not considered in this category.

https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr

<sup>8</sup> **Traineeship in digital skills:** any traineeship where trainees receive training and practice in <u>at least one or more of the following activities:</u>
• digital marketing (e.g. social media management, web analytics);

digital graphical, mechanical or architectural design;

development of apps, software, scripts, or websites;

<sup>•</sup> installation, maintenance and management of IT systems and networks;

cybersecurity;

<sup>data analytics, mining and visualisation;
programming and training of robots and artificial intelligence applications</sup> 

 $<sup>^{9}</sup>$  Level of language competence: a description of the European Language Levels (CEFR) is available at:



#### **Table B - The Sending Institution**

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

1)The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship,
the institution undertakes to:
Award ECTS <sup>11</sup> credits (or equivalent).
<ul> <li>Give a grade based on: Traineeship certificate  Final report  Interview </li> </ul>
<ul> <li>Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or</li> </ul>
equivalent).
<ul> <li>Record the traineeship in the trainee's Europass Mobility Document<sup>12</sup>: Yes           No</li> </ul>
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 🗌
<ul> <li>Record the traineeship in the trainee's Transcript of Records: Yes   No</li> </ul>
<ul> <li>Record the traineeship in the trainee's Diploma Supplement (or equivalent)</li> </ul>
<ul> <li>Record the traineeship in the trainee's Europass Mobility Document<sup>12</sup>: Yes No</li> </ul>
3) The traineeship is carried out by a <b>recent graduate</b> and, upon satisfactory completion of the
traineeship, the institution undertakes to:
Award ECTS credits: Yes    No
If yes, please indicate the number of ECTS credits (or equivalent):
Record the traineeship in the trainee's
Europass Mobility Document <sup>12</sup> (highly recommended): Yes \( \subseteq \text{No} \subseteq \)
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 Conding location will provide a Babilla transport of the Conding location will be supported by the conding loc
The Sending Institution will provide a <b>liability insurance to the trainee</b> (if not provided by the Receiving
Organisation/Enterprise): Yes 🗌 No 🗌
There are three different provisions for traineeships:
1. Traineeships embedded in the curriculum (counting towards the degree);
<ul><li>2. Voluntary traineeships (not obligatory for the degree);</li><li>3. Traineeships for recent graduates</li></ul>

<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.

 $<sup>^{12}\,\</sup>text{More}$  information about the Europass:  $\underline{\text{www.europass-info.de}}$ 





### **Table C – The Receiving Organisation/Enterprise**

The Receiving Organisation/Enterprise will provide <b>financ</b> Yes No If yes, amount in EUR/month (net amount)			
The Receiving Organisation/Enterprise will provide a <b>con</b> (i.e. accommodation, free meals, language lessons, etc.):	·		
If yes, please specify:			
The Receiving Organisation/Enterprise will provide an <b>ac</b> by the Sending Institution)? Yes \( \square \) No \( \square \) The accident insurance covers:	cident insurance to the trainee (if not provided		
<ul> <li>accidents during travels made for work purpose</li> <li>accidents on the way to work and back from wo</li> </ul>			
The Receiving Organisation/Enterprise will provide a <b>liab</b> the Sending Institution): Yes \( \square \text{No} \square	lity insurance to the trainee (if not provided by		
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 <b>Traineeship</b> Certificate within 5 weeks after the end of the traineeship.			
COMMITMENT OF THE FOUR RAPTIFE			
COMMITMENT OF THE FOUR PARTIES			
By signing this document, the trainee, the Sending Institution confirm that they approve the Learning Agreement and the agreed by all parties. The trainee and Receiving Organisa Institution any problem or changes regarding the trainees should also commit to what is set out in the Erasmus+ grant respect all the principles of the Erasmus Charter for Higher	at they will comply with all the arrangements ation/Enterprise will communicate to the Sending hip period. The Sending Institution and the trainee ant agreement. The institution undertakes to		
The Receiving Organisation/enterprise			
Supervisor at the Receiving Organisation/enterprise <sup>13</sup>	:		
Name:	Position:		
E-mail:	Phone:		
Responsible			
person's			
signature	Date:		
and <b>stamp</b> :	Date		

<sup>&</sup>lt;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	Date:
and <b>stamp</b> :	Date:
The project coordinating institution (Consortium)	
The ERASMUS-coordinator of the consortium:	The contact person in the consortium:
Name: Jutta Rath	Name: Meike Johann
Function: director	Function: project coordinator
	Phone: +49 651 8103 236
Address:	
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c/o Hochschule Trier, Postfach 1826; 54208 Trier, Germa	any
E-Mail: erasmuspraktika@hochschule-trier.de; Homepag	e: <u>www.erasmuspraktika.de</u>
Signature	
and	Data
stamp:	Date:

<sup>&</sup>lt;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.