|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic Year: \_\_\_\_\_\_/\_\_\_\_\_\_\_** | | | | | | | |
| **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** (if applicable) | **Address** | **Country** | **Contact person name; email; phone** | |
| Luca Gallo | International Relations Office | IVARESE02 | Via Ravasi, 2 21100 Varese | ITALY | [erasmus@uninsubria.it](mailto:erasmus@uninsubria.it) +390332219340/341 | |
| **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 |  |  |



**Learning Agreement**

**Student Mobility for Traineeships**

**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:** |