|  |
| --- |
| **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 | i varese02 | via ravasi, 2 21100 varese | italy | erasmus@uninsubria.it+39 0332 219341 |
| **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 |  |  |
| **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:** |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):** |
| **Monitoring plan:** |
| **Evaluation plan:** |
|  |  |  |  |  |  |  |  |  |
| The level of **language competence**  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* [ ]  |

**Learning Agreement**

**Student Mobility for Traineeships**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Table B - Sending Institution*** *Please use only one of the following boxes:*☐ The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to recognize it as follows: **□ STAGE** per n. crediti **□ STAGE EXTRA CURRICULARE**  per n. crediti **□ ALTRA ATTIVITÁ (specificare)**  per n. crediti Per gli studenti di Medicina e Chirurgia:**□ TIROCINIO PRE – LAUREA**, comprendente:**Per n. crediti****□ ATTIVITÀ DIDATTICA ELETTIVA A.D.E. (specificare ambito)** per n. crediti☐ The traineeship is carried out by a **RECENT GRADUATE and NO CREDITS WILL BE RECOGNIZED.****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 [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 [ ]  |
| The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes [x]  No [ ]  |

The **Sending Institution** also specifies:**STUDENTS*** **Accident policy no. 3706641803 stipulated with Generali Italia S.p.A** (expiration date 31/10/2022)
* **Liability insurance n. ITCASCO05500, stipulated with CHUBB European Group Limited Rappresentanza generale per l’Italia** (expiration date 31/10/2022)

**GRADUATE TRAINEES*** **Liability insurance for graduate trainees:** n. ITCASC05500 CHUBB European Group Limited (expiration date 31/12/2022)

**Accident policy for graduate trainees**, **ON VOLUNTARY SUBSCRIPTION**: n. 370664183 - Generali Italia SpA (expiration date 31/10/2022) |
| ***Table C - Receiving Organisation/Enterprise***

|  |  |
| --- | --- |
| The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes [ ]  No [ ]   | If yes, amount (EUR/month): ……….. |
| The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: 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. |

 |
| 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 (or the principles agreed in the partnership agreement for institutions located in Partner Countries). |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Trainee |   |  | *Trainee* |   |  |
| Responsible person at the Sending Institution |   |   |   |   |  |
| Supervisor at the Receiving Organisation |   |   |   |   |  |