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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee** | | **Last name(s)** | | **First name(s)** | **Date of birth** | | **Nationality** | | **Sex [M/F]** | | **Study cycle** | | **Field of education** | |
|  | |  |  | |  | |  | |  | |  | |
| **Sending Institution** | | **Name** | | **Department** | | | **Address** | | **Country** | | **Contact person name**; **email; phone** | | | |
| Università di Pisa | |  | | |  | | Italy | |  | | | |
| **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* | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Table B - Sending Institution***  *Please use only one of the following three boxes:*   1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:  |  |  | | --- | --- | | Award …….. .…ECTS credits (or equivalent) | Give a grade based on: Traineeship certificate  Final report  Interview | | Record the traineeship in the trainee's Diploma Supplement (or equivalent). | |  1. 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 | | | Record the traineeship in the trainee's Transcript of Records: Yes  No | | | | Record the traineeship in the trainee's Diploma Supplement (or equivalent). | | |   **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  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 Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes  No | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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. | | | | | |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Trainee |  |  | *Trainee* |  |  |
| Responsible person at the Sending Institution |  |  |  |  |  |
| Supervisor at the Receiving Organisation |  |  |  |  |  |

**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:** |
| **Number of ECTS credits awarded:** |
| **Date:** |
| **Name and signature of the Supervisor at the Receiving Organisation/Enterprise:** |
| **Number of ECTS credits recognised:** |
| **Date:** |
| **Name and signature of the Responsible person at the Sending Institution:** |