**LEARNING AGREEMENT FOR TRAINEESHIPS**

**The Trainee**

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| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality |  |
| Sex [*M/F*] | Wybierz element. | Academic year | 2020/2021 |
| Study cycle | Wybierz element. | Subject area, Code | Wybierz element. |
| Phone |  | E-mail | @student.sgh.waw.pl |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Warsaw School  of Economics | Faculty | N/A |
| Erasmus code (if applicable) | PL WARSZAW03 | Department | International Centre |
| Address | Al. Niepodleglosci 162 02-554 Warsaw | Country, Country code | Poland PL |
| Contact person name | Agata Kowalik, Outgoing  Students Officer | Contact person e-mail / phone | [akowalik@sgh.waw.pl](mailto:akowalik@sgh.waw.pl) +48 22 564 98 44 |

**The Receiving Organisation/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  Sector |  | Department |  |
| Address,  website |  | Country |  |
| Size of  enterprise |  | Contact person e-mail / phone |  |
| Contact person name / position |  | Mentor e-mail /  phone |  |
| Mentor name /  position |  |

#### For guidelines, please look at Annex 1, for end notes please look at Annex 2.

#### **Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

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| **Planned period of the mobility**: from [month/year]       till [month/year] |
| **Number of working hours per week:** |
| **Traineeship title:** |
| **Detailed programme of the traineeship period** |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship** |
| **Monitoring plan** |
| **Evaluation plan** |

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| **Language competence of the trainee**  The level of language competence in       *[workplace main language]* that the trainee already has or agrees to acquire by the start of the mobility period is:  A1 A2 B1 B2 C1 C2 |

**The sending institution**

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

*[Please fill in only one of the following boxes depending on whether the traineeship is embedded in the curriculum or is a voluntary traineeship.]*

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| The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:   * Award       ECTS credits. * Give a grade based on: Traineeship certificate  Final report  Interview * Record the traineeship in the trainee's Transcript of Records. * Record the traineeship in the trainee's Diploma Supplement (or equivalent). * Record the traineeship in the trainee's Europass Mobility Document Yes  No |

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| The traineeship is voluntary 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: * 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), except if the trainee is a recent graduate. * Record the traineeship in the trainee's Europass Mobility Document Yes  No  *This is recommended if the trainee will be a recent graduate.* |

**Accident and liability insurance for the trainee**

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| 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 | |
| **Graduates** are responsible for obtaining and delivering to the Sending Institution accident and liability insurance.  It is responsibility of the participant to obtain liability insurance covering in a mandatory way at least damages caused by the participant at the work place. | |

**The receiving organisation/enterprise**

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| The trainee will receive a financial support for his/her traineeship: Yes  No  If yes, amount in EUR/month:  The trainee will receive a contribution in kind for his/her traineeship: Yes  No  If yes, please specify:  Is the trainee covered by the accident insurance? Yes  No  If not, please specify whether the trainee is covered by an accident insurance 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 undertakes to ensure that appropriate equipment and support is available to the trainee.  Upon completion of the traineeship, the organisation/enterprise undertakes to issue a Traineeship Certificate by       [*maximum 5 weeks after the traineeship*]. |

**II. RESPONSIBLE PERSONS**

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| **Responsible person in the sending institution:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Responsible person in the receiving organisation/enterprise (supervisor):**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed 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.

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| **The trainee**  Student’s signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **The sending institution**  Responsible person’s signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **The receiving organisation/enterprise**  Responsible person’s signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Section to be completed DURING THE MOBILITY**

#### **EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

#### **I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

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| --- |
| **Planned period of the mobility**: from [month/year]       till [month/year] |
| **Number of working hours per week:** |
| **Traineeship title:** |
| **Detailed programme of the traineeship period** |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship** |
| **Monitoring plan** |
| **Evaluation plan** |

The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the mobility programme are approved.

Approval by e-mail or signature from the trainee, the responsible person in the sending institution and the responsible person in the receiving organisation/enterprise.

#### **II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:**

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| **New responsible person in the sending institution:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **New responsible person in the receiving organisation/enterprise**:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |