**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**

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| --- | --- | --- | --- |
| Name | Warsaw School of Economics  | Faculty | N/A |
| Erasmus code(if applicable) | PL WARSZAW03 | Department | International Centre |
| Address | Al. Niepodleglosci 16202-554 Warsaw | Country,Country code | PolandPL |
| Contact personname | Marta Tymińska, Outgoing Students Officer | Contact persone-mail / phone | mtymin@sgh.waw.pl+48 22 564 78 23 |

**The Receiving Organisation/Enterprise**

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| --- | --- | --- | --- |
| Name Sector |       | Department |       |
| Address, website |       | Country |       |
| Size of enterprise  |       | Contact persone-mail / phone |       |
| Contact personname / 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.*
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**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 [ ]
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |