

Higher Education Learning Agreement for Traineeships

Trainee's Name.....
Academic Year 2016/2017

Qui inserite il vostro Nome e
cognome

Trainee	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle ⁱⁱ	Field of education ⁱⁱⁱ
				ITALIA		Graduate student (LAUREATO) <input type="checkbox"/> Long-Cycle (LMG-01) <input type="checkbox"/> First Cycle (DILPA) <input type="checkbox"/>	Law
Sending Institution	Name	Faculty/ Department	Erasmus code ^{iv} (if applicable)	Address	Country	Contact person name ^v ; email; phone	
	Università di Pisa	DIPARTIMENTO DI GIURISPRUDENZA	I PISA01	Via del Collegio Ricci, 10 56126 Pisa	Italy	Dott.ssa Dora Mancini Administrative assistant International Relation Office Via del Collegio Ricci, 10 – 56126 Pisa Tel: +39 050 22 12 812 Email: rapp.int@jus.unipi.it	
Receiving Organisation /Enterprise	Name		Address; website	Country	Size	Contact person ^{vi} name; position; e-mail; phone	Mentor ^{vii} name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

Qui inserite il vostro nome, cognome, data di nascita, sesso. Barrate la dicitura corrispondente alla vostra situazione (studente o neolaureato).

Qui inserite i dati dell'Ente/Istituzione/Studio legale/ONLUS.....che vi ospita. I dati dovete recuperarli dal Proposal Form.

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**^{vi} 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

Table B - Sending Institution

Please use only one of the following three boxes:^{ix}

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

2. 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.

3. The traineeship is carried out by a **recent graduate** 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:
 Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes No

Qui inserite MESE / ANNO già indicati sul Proposal form, **ma non il giorno!!!**

In questa sezione dovete riportare i dati già presenti sul Proposal form relativi alla sede Traineeship.

Potete compilare solo i campi per i quali avete dati certi, inviando il documento direttamente alla sede del vostro tirocinio, nel caso in cui non disponiate dei dati da inserire.

Indicate poi la lingua richiesta ed il livello di conoscenza corrispondente (come già inserito sulla domanda Erasmus).

Sezione da compilare se sei studente **DILPA**. Hai 6 cfu per tirocinio (durata minima: 250 ore).

Sezione da compilare se sei studente **LMG**. I cfu acquisiti sono extracurriculari, pertanto potrai riconoscerli solo sul Diploma Supplement.

Sezione da compilare se sei un **NEOLAUREATO**. Il periodo di tirocinio post laurea verrà riconosciuto su Europass Mobility; documento da richiedere all'amministrazione centrale prima della partenza.

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Table C - Receiving Organisation/Enterprise

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, amount (EUR/month):
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:	
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>	
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	Prof. Tommaso Greco	tommaso.greco@unipi.it	Erasmus Coordinator		
Supervisor ^{xl} at the Receiving Organisation					

Queste due sezioni non dovete compilarle voi: la prima è stata compilata da UNIFI, mentre la sezione della TABLE C la compilerà la sede che vi ospita. Potrete inviarla in bianco, chiedendo al Partner firma, timbro e compilazione della tab.C

Sezione dedicata alle firme. Dovrete firmare il documento e inviarlo alla sede per la firma, la data e il timbro.

Una volta che ve lo rimanderanno firmato, lo inviate a rapp.int@jus.unipi.it per la firma del prof. Greco.

Quando il documento sarà completo di firme, lo potrete caricare sul Portale Erasmus Manager di UNIFI.

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- ⁱ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.
- ⁱⁱ **Study cycle:** Short cycle (EQF level 5) / Bachelor or equivalent first cycle (EQF level 6) / Master or equivalent second cycle (EQF level 7) / Doctorate or equivalent third cycle (EQF level 8).
- ⁱⁱⁱ **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at http://ec.europa.eu/education/tools/isced-f_en.htm should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the trainee by the sending institution.
- ^{iv} **Erasmus code:** a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries.
- ^v **Contact person at the sending institution:** a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.
- ^{vi} **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.
- ^{vii} **Mentor:** the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.
- ^{viii} **Level of language competence:** a description of the European Language Levels (CEFR) is available at: <https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>
- ^{ix} **There are three different provisions for traineeships:**
1. Traineeships embedded in the curriculum (counting towards the degree);
 2. Voluntary traineeships (not obligatory for the degree);
 3. Traineeships for recent graduates.
- ^x **Responsible person at the sending institution:** this person is responsible for signing the Learning Agreement, amending it if needed and recognising the credits and associated learning outcomes on behalf of the responsible academic body as set out in the Learning Agreement. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.
- ^{xi} **Supervisor at the Receiving Organisation:** this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate. The name and email of the Supervisor must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.