



GENERAL INFORMATION

Trainee

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Nationality ¹
First name(s) / Last name(s)		
Study cycle ²		
Field of education ³		

Sending Institution

Name	
Faculty/ Department	
Erasmus code ⁴	
Address	
Country	
Contact person name ⁵	Email; Phone

Receiving Institution

Name	
Department	Size <input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees
Address	
Website	
Country	
Contact person ⁶ name	Position
Email	Phone
Mentor ⁷ name	Position
Email	Phone

TABLE A: BEFORE THE MOBILITY

Programme at the Receiving Organisation/Enterprise

To be filled in

Planned period of the mobility: from [day/month/year]	to [day/month/year]
Traineeship title:	Number of working hours per week:
Detailed programme of the traineeship:	
Traineeship in digital skills ⁸ <input type="checkbox"/> Yes <input type="checkbox"/> No	

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**⁹ 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 

TABLE B - SENDING INSTITUTION

Please use only one of the following three boxes ¹⁰ 

1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent) ¹¹	Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. The traineeship is voluntary and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits:
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent)	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits:
Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes <input type="checkbox"/> No <input type="checkbox"/>	

Accident insurance for the trainee

The Sending Institution will provide an accident insurance to the trainee Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee Yes <input type="checkbox"/> No <input checked="" 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 Yes <input type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: accidents during travels made for work: 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: Yes <input type="checkbox"/> No <input type="checkbox"/>	
The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.	

Commitment of the three parties

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.

Trainee

Name	Email
Date and Signature	

Responsible person¹² at the Sending Institution

Name	Email
Position	Date and Signature

Supervisor¹³ at the Receiving Organisation

Name	Email
Position	Date and Signature

Would you be willing to serve as the contact for future HSB internship applicants? yes no

TABLE A2 DURING THE MOBILITY



Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)	
Planned period of the mobility: from [day/month/year]	To (day/month/year)
Traineeship title:	Number of working hours per week:
Detailed programme of the traineeship period:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)	
Monitoring plan:	
Evaluation plan:	
Date; Name and signature of the Supervisor at the Receiving Organisation/Enterprise:	

Table D: After the Mobility

Traineeship Certificate by the Receiving Organisation/Enterprise 	
Start date and end date of traineeship: from [day/month/year]	To [day/month/year]
Name of the trainee:	Traineeship title:
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:	
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):	
Evaluation of the trainee:	
Date; Name and signature of the Supervisor at the Receiving Organisation/Enterprise:	

¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² **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).

³**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.

⁴ **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.

⁵**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.

⁶ **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.

⁷ **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.

⁸ **Traineeship in digital skills:** any traineeship where trainees receive training and practice in at least one or more of the following activities: digital marketing (e.g. social media management, web analytics); digital graphical, mechanical or architectural design; development of apps, software, scripts, or websites; installation, maintenance and management of IT systems and networks; cybersecurity; data analytics, mining and visualisation; programming and training of robots and artificial intelligence applications. Generic customer support, order fulfilment, data entry or office tasks are not considered in this category.

⁹ **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>

¹⁰ **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.

¹¹ **ECTS credits or equivalent:** in countries where the "ECTS" system it is not in place, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a web link to an explanation to the system should be added.

¹² **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.

¹³ **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.