**LEARNING AGREEMENT FOR TRAINEESHIP**

**This learning agreement can be filled in for traineeship or thesis (If you’re nominated by an exchange coordinator for your thesis at a partner university you have to fill in the learning and grant agreement for study).**

**The Trainee**

|  |  |
| --- | --- |
| Last name (s) | First name (s) |
| Date of birth | Nationality[[1]](#endnote-1) |
| Gender [*M/F*] | Academic year 2018-2019 |
| Study cycle[[2]](#endnote-2) | Subject area,  Code[[3]](#endnote-3) |
| Phone | E-mail |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Wageningen University | Faculty | Life Sciences |
| Erasmus code | NL WAGENIN01 | Department | Not applicable |
| Address | Droevendaalsesteeg 2 6708 PB Wageningen | Country,  Country code[[4]](#endnote-4) | The Netherlands  NL |
| Contact person  name | Drs. Esther Heemskerk | E-mail  Phone | [erasmus.studentexchange@wur.nl](mailto:erasmus.studentexchange@wur.nl)  +31 317 480100 |

**The Receiving Organisation/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organisation |  | Department | If applicable |
| Sector[[5]](#endnote-5) |  |
| Address + website |  | Country + Country code4 |  |
| Size of enterprise[[6]](#endnote-6) |  |
| Contact person[[7]](#endnote-7)  Name + position | Contact person and mentor can be the same person, one of them might need to sign  this Agreement | Contact person e-mail + phone |  |
| Mentor[[8]](#endnote-8)  Name + position |  | Mentor  e-mail+ phone |  |

#### For guidelines, please look at ‘Download Guidelines Traineeship’ - <https://www.wur.nl/en/Education-Programmes/Study-Abroad-and-Exchange-Students/Outgoing-from-Wageningen-University/International-InternshipThesis/Internshipthesis-Erasmus-Application.htm>, for end notes please look at Annex 2.

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

#### **I. PROPOSED MOBILITY PROGRAMME You can use your internship agreement or thesis agreement to fill in this part**

|  |
| --- |
| **Planned period of the mobility**: from [day/month/year] ….……. till [day/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**  … |

|  |
| --- |
| **Language competence of the trainee** Use the results of the OLS test or other tests.  The level of language competence[[9]](#endnote-9) 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.]*

|  |
| --- |
| The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to: **Fill in this box if your traineeship is part of your study.**   * Award …….. ECTS credits. * Give a grade based on: Traineeship certificate 🞏 Final report **X** 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 **X** |

|  |
| --- |
| The traineeship is **voluntary** and upon satisfactory completion of the traineeship, the institution undertakes to: **Fill in this box if your traineeship is voluntary, without ECTS, after graduation or PhD.**   * 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.* |

|  |
| --- |
| **The receiving organisation/enterprise**  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 🞏  (see: <http://www.wageningenur.nl/en/Education-Programmes/Current-Students/Insurance.htm>)  Is the trainee covered by a liability insurance? Yes 🞏 No 🞏  The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee. **Furthermore, check your own liability insurance.**  Upon completion of the traineeship, the organisation/enterprise undertakes to issue a Traineeship Certificate by …. [*maximum 5 weeks after the traineeship*]. |

**II. RESPONSIBLE PERSONS**

|  |
| --- |
| **Exchange coordinator in the sending institution:**  Your [**exchange coordinator**](https://www.wur.nl/en/article/Departmental-Exchange-Coordinators.htm) will sign before the receiving institution  Name: Choose an item. Function: Departmental Coordinator  Phone number:Choose an item. E-mail: Choose an item. |

|  |
| --- |
| **Responsible person[[10]](#endnote-10) 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.

|  |  |
| --- | --- |
| **The trainee First sign this yourself**  Trainee’s signature Date: | |
| **The sending institution**  Exchange coordinator’s signatureDate: | |
| **The receiving organisation/enterprise** | |
| Responsible person’s signature Date: |

**Hand in all the 3 pages at** [**erasmus.studentexchange@wur.nl**](mailto:erasmus.studentexchange@wur.nl)**, preferably in 1 pdf (check the explanation at the WUR printers. NOTE: we only accept your learning agreement after it’s signed by all 3 parties. If you can’t get the signature before the deadline (1 June/ 1 November), please inform us timely.**

**Section to be completed DURING THE MOBILITY  
This section is important if you want to change / extend your exchange period. Again with all the 3 signatures**

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

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

|  |
| --- |
| **Planned period of the mobility**: from [day/month/year] ….……. till [day/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.

|  |  |
| --- | --- |
| **The trainee:**  Trainee’s signature Date: | |
| **The sending institution**  Exchange coordinator signature Date: | |
| **The receiving organisation/enterprise**  Responsible person’s signature Date: |

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

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

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

**Annex 2: End notes**

1. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-1)
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) – for recent graduates, specify the latest study cycle.

   [↑](#endnote-ref-2)
3. **ISCED:** Please see the Excel list ‘Download ISCED codes’ on: <https://www.wur.nl/en/Education-Programmes/Study-Abroad-and-Exchange-Students/Outgoing-from-Wageningen-University/International-InternshipThesis/Internshipthesis-Erasmus-Application.htm> [↑](#endnote-ref-3)
4. **Country code**: ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>. [↑](#endnote-ref-4)
5. The list of top-level **NACE sector codes** is available at:

   <http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN>. [↑](#endnote-ref-5)
6. The size of the enterprise could be, for instance, 1-50 / 51-500 / more than 500 employees. [↑](#endnote-ref-6)
7. **Contact person**: a person who can provide administrative information within the framework of Erasmus traineeships. [↑](#endnote-ref-7)
8. **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. [↑](#endnote-ref-8)
9. For the Common European Framework of Reference for Languages (**CEFR**) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#endnote-ref-9)
10. **Responsible person in the receiving organisation (supervisor)**: this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate.

    [↑](#endnote-ref-10)