



Istituto Superiore di Studi Musicali
CLAUDIO MONTEVERDI
Conservatorio di Cremona

Learning Agreement for Traineeships

Guida Step by Step

da compilarsi in inglese

a cura di Nicola Ventrella

LEARNING AGREEMENT FOR TRAINEESHIPS



Istituto Superiore di Studi Musicali
CLAUDIO MONTEVERDI
Conservatorio di Cremona

Trainee

Last name (s)		First name (s)	
Date of birth		Nationality ¹	
E-mail		Phone	
Sex [M/F]		Academic year	2021/22
Study cycle ²		Field of education ³	0215 (Music & Performing Arts)
Phone		E-mail	

Sending institution

Name		Faculty	
Erasmus code ⁴ (if applicable)		Department	
Address		Country	
Contact person ⁵ name		E-mail / phone	
Responsible person ⁶		Position	
E-mail		Phone	

Receiving organization/enterprise

Name		Department	
Website		Size of enterprise	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees
Address		E-mail / phone	
Contact person name/ Position		Country	
Mentor name ⁷ /position		Mentor email/phone	
Supervision at the receiving organization ⁸		Position	
E-mail		Phone	

LEARNING AGREEMENT FOR TRAINEESHIPS



Istituto Superiore di Studi Musicali
CLAUDIO MONTEVERDI
Conservatorio di Cremona

Trainee

Last name (s)	COGNOME	First name (s)	NOME
Date of birth		Nationality ¹	
E-mail		Phone	
Sex [M/F]		Academic year	2021/22
Study cycle ²		Field of education ³	0215 (Music & Performing Arts)
Phone		E-mail	

Sending institution

Name		Faculty	
Erasmus code ⁴ (if applicable)		Department	
Address		Country	
Contact person ⁵ name		E-mail / phone	
Responsible person ⁶		Position	
E-mail		Phone	

Receiving organization/enterprise

Name		Department	
Website		Size of enterprise	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees
Address		E-mail / phone	
Contact person name/ Position		Country	
Mentor name ⁷ /position		Mentor email/phone	
Supervision at the receiving organization ⁸		Position	
E-mail		Phone	

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Istituto Superiore di Studi Musicali
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Conservatorio di Cremona

Trainee

Last name (s)	COGNOME	First name (s)	NOME
Date of birth	DATA DI NASCITA	Nationality ¹	NAZIONALITÀ
E-mail	INDIRIZZO EMAIL	Phone	NUMERO DI TEL.
Sex [M/F]		Academic year	2021/22
Study cycle ²		Field of education ³	0215 (Music & Performing Arts)
Phone		E-mail	

Sending institution

Name		Faculty	
Erasmus code ⁴ (if applicable)		Department	
Address		Country	
Contact person ⁵ name		E-mail / phone	
Responsible person ⁶		Position	
E-mail		Phone	

Receiving organization/enterprise

Name		Department	
Website		Size of enterprise	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees
Address		E-mail / phone	
Contact person name/ Position		Country	
Mentor name ⁷ /position		Mentor email/phone	
Supervision at the receiving organization ⁸		Position	
E-mail		Phone	

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Trainee

Last name (s)	COGNOME	First name (s)	NOME
Date of birth	DATA DI NASCITA	Nationality ¹	NAZIONALITÀ
E-mail	INDIRIZZO EMAIL	Phone	NUMERO DI TEL.
Sex [M/F]	SESSO	Academic year	2021/22
Study cycle ²	BACHELOR O MASTER	Field of education ³	0215 (Music & Performing Arts)
Phone		E-mail	

Sending institution

Name		Faculty	
Erasmus code ⁴ (if applicable)		Department	
Address		Country	
Contact person ⁵ name		E-mail / phone	
Responsible person ⁶		Position	
E-mail		Phone	

Receiving organization/enterprise

Name		Department	
Website		Size of enterprise	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees
Address		E-mail / phone	
Contact person name/ Position		Country	
Mentor name ⁷ /position		Mentor email/phone	
Supervision at the receiving organization ⁸		Position	
E-mail		Phone	

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Trainee

Last name (s)	COGNOME	First name (s)	NOME
Date of birth	DATA DI NASCITA	Nationality ¹	NAZIONALITÀ
E-mail	INDIRIZZO EMAIL	Phone	NUMERO DI TEL.
Sex [M/F]	SESSO	Academic year	2021/22
Study cycle ²	BACHELOR O MASTER	Field of education ³	0215 (Music & Performing Arts)
Phone		E-mail	

Sending institution

Name		Faculty	
Erasmus code ⁴ (if applicable)		Department	
Address		Country	
Contact person ⁵ name		E-mail / phone	
Responsible person ⁶		Position	
E-mail		Phone	

GIÀ
PRECOMPILATO

Receiving organization/enterprise

Name		Department	
Website		Size of enterprise	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees
Address		E-mail / phone	
Contact person name/ Position		Country	
Mentor name ⁷ /position		Mentor email/phone	
Supervision at the receiving organization ⁸		Position	
E-mail		Phone	

LEARNING AGREEMENT FOR TRAINEESHIPS



Istituto Superiore di Studi Musicali
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Conservatorio di Cremona

Trainee

Last name (s)	COGNOME	First name (s)	NOME
Date of birth	DATA DI NASCITA	Nationality ¹	NAZIONALITÀ
E-mail	INDIRIZZO EMAIL	Phone	NUMERO DI TEL.
Sex [M/F]	SESSO	Academic year	2021/22
Study cycle ²	BACHELOR O MASTER	Field of education ³	0215 (Music & Performing Arts)
Phone		E-mail	

Sending institution

Name		Faculty	
Erasmus code ⁴ (if applicable)		Department	
Address		Country	
Contact person ⁵ name		E-mail / phone	
Responsible person ⁶		Position	
E-mail		Phone	

GIÀ
PRECOMPILATO

Receiving organization/enterprise

Name	Conservatorium Van Amsterdam	Department	
Website		Size of enterprise	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees
Address		E-mail / phone	
Contact person name/ Position		Country	
Mentor name ⁷ /position		Mentor email/phone	
Supervision at the receiving organization ⁸		Position	
E-mail		Phone	

LEARNING AGREEMENT FOR TRAINEESHIPS



Istituto Superiore di Studi Musicali
CLAUDIO MONTEVERDI
Conservatorio di Cremona

Trainee

Last name (s)	COGNOME	First name (s)	NOME
Date of birth	DATA DI NASCITA	Nationality ¹	NAZIONALITÀ
E-mail	INDIRIZZO EMAIL	Phone	NUMERO DI TEL.
Sex [M/F]	SESSO	Academic year	2021/22
Study cycle ²	BACHELOR O MASTER	Field of education ³	0215 (Music & Performing Arts)
Phone		E-mail	

Sending institution

Name		Faculty	
Erasmus code ⁴ (if applicable)		Department	
Address		Country	
Contact person ⁵ name		E-mail / phone	
Responsible person ⁶		Position	
E-mail		Phone	

GIÀ
PRECOMPILATO

Receiving organization/enterprise

Name	Conservatorium Van Amsterdam	Department	
Website		Size of enterprise	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees
Address		E-mail / phone	
Contact person name/ Position		Country	Netherlands
Mentor name ⁷ /position		Mentor email/phone	
Supervision at the receiving organization ⁸		Position	
E-mail		Phone	

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Istituto Superiore di Studi Musicali
CLAUDIO MONTEVERDI
Conservatorio di Cremona

Trainee

Last name (s)	COGNOME	First name (s)	NOME
Date of birth	DATA DI NASCITA	Nationality ¹	NAZIONALITÀ
E-mail	INDIRIZZO EMAIL	Phone	NUMERO DI TEL.
Sex [M/F]	SESSO	Academic year	2021/22
Study cycle ²	BACHELOR O MASTER	Field of education ³	0215 (Music & Performing Arts)
Phone		E-mail	

Sending institution

Name		Faculty	
Erasmus code ⁴ (if applicable)		Department	
Address		Country	
Contact person ⁵ name		E-mail / phone	
Responsible person ⁶		Position	
E-mail		Phone	

GIÀ
PRECOMPILATO

Receiving organization/enterprise

Name	Conservatorium Van Amsterdam	Department	
Website		Size of enterprise	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees
Address		E-mail / phone	
Contact person name / Position		Country	Netherlands
Mentor name / Position		Mentor email/phone	
Supervision at the receiving organization		Phone	
E-mail		Phone	

COMPILARE ALTRI CAMPI
SOLO SE CONOSCIUTI
ALTRIMENTI
LASCIARE IN BIANCO

BEFORE THE MOBILITY

data presunte di inizio e fine mobilità

Table A – Traineeship Programme at the Receiving Organisation/Enterprise

Planned period of the mobility: from [day/month/year] to [day/month/year]
Number of working hours per week: Numero di ore di tirocinio per settimana
Traineeship title: Titolo del tirocinio
Detailed programme of the traineeship: Programma dettagliato del tirocinio
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship (expected Learning Outcomes): Competenze, conoscenze e abilità che si conseguiranno
Monitoring plan: Scheda di monitoraggio mensile
Evaluation plan: Lasciare in bianco

The level of **Language competence** of the trainee

The level of language competence⁹ 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

Indicare la lingua che si userà per il tirocinio (es. Inglese)

Table B – Sending institution

Please fill only one of the following three boxes¹⁰:

Barrare il quadratino relativo al vostro livello di conoscenza della lingua

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.	
Record the traineeship in the trainee's <i>Europass</i> 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: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of ECTS 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 <i>Europass</i> Mobility Document Yes <input type="checkbox"/> No <input type="checkbox"/>	

BEFORE THE MOBILITY data presunte di inizio e fine mobilità

Table A – Traineeship Programme at the Receiving Organisation/Enterprise

Planned period of the mobility: from [day/month/year] to [day/month/year]
Number of working hours per week: Numero di ore di tirocinio per settimana
Traineeship title: Titolo del tirocinio
Detailed programme of the traineeship: Programma dettagliato del tirocinio
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship (expected Learning Outcomes): Competenze, conoscenze e abilità che si conseguiranno
Monitoring plan: Scheda di monitoraggio mensile
Evaluation plan:

The level of Language competence of the trainee
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 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>

Table B – Sending institution

Please fill only one of the following three boxes¹⁰:

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"/>
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).	

2. The traineeship is **not embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent) ¹¹	Number of ECTS credits:
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	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 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 <i>Europass</i> Mobility Document Yes <input type="checkbox"/> No <input type="checkbox"/>	

LASCIARE IN BIANCO.
Questa parte sarà compilata
dall'Ufficio Erasmus del
Monteverdi



3. The traineeship is carried out by a recent graduate and, upon completion of the traineeship, the institution undertakes to:

Award ECTS credits	
Record the traineeship	<input type="checkbox"/>

LASCIARE IN BIANCO.
Questa parte sarà compilata
dall'Ufficio Erasmus del
Monteverdi

Accident insurance

Sending institution will provide liability insurance to the trainee (if not provided by receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/>
Sending institution will provide a liability insurance to the trainee (if not provided by Receiving Organisation/Enterprise): Yes <input 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 in 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 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 supported by Sending institution)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
The receiving organisation/enterprise will provide appropriate equipment and support 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.	

COMMITMENT

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).

Trainee Trainee's signature	Date:
Sending institution Responsible person's signature	Date:
Receiving Organisation/Enterprise Supervisor at the Receiving Organisation signature	Date:



3. The traineeship is carried out by a recent graduate and, upon completion of the traineeship, the institution undertakes to:

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

Accident insurance for the trainee

Sending institution will provide an accident insurance to the trainee (if not provided by receiving Organisation/Enterprise): 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"/>
Sending institution will provide a liability insurance to the trainee (if not provided by Receiving Organisation/Enterprise): Yes <input 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 in EUR/month:
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input type="checkbox"/>	No <input type="checkbox"/>
The Receiving Organisation/Enterprise will provide appropriate equipment and support to the trainee.	No <input type="checkbox"/>
Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.	

LASCIARE IN BIANCO.
 Questa parte (TAB. C) sarà compilata dall'Istituto/Impresa che vi ospiterà

COMMITMENT

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).

Trainee	
Trainee's signature	Date:
Sending institution	
Responsible person's signature	Date:
Receiving Organisation/Enterprise	
Supervisor at the Receiving Organisation signature	Date:



3. The traineeship is carried out by a recent graduate and, upon completion of the traineeship, the institution undertakes to:

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

Accident insurance for the trainee

Sending institution will provide an accident insurance to the trainee (if not provided by receiving Organisation/Enterprise): 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"/>
Sending institution will provide a liability insurance to the trainee (if not provided by Receiving Organisation/Enterprise): Yes <input 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 in 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 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 supported by Sending institution)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
The receiving organisation/enterprise will provide appropriate equipment and support 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.	

COMMITMENT

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).

Trainee Trainee's signature	Vostra Firma	Date:	Data
Sending institution Responsible person's signature		Date:	
Receiving Organisation/Enterprise Supervisor at the Receiving Organisation signature		Date:	



3. The traineeship is carried out by a recent graduate and, upon completion of the traineeship, the institution undertakes to:

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

Accident insurance for the trainee

Sending institution will provide an accident insurance to the trainee (if not provided by receiving Organisation/Enterprise): 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"/>
Sending institution will provide a liability insurance to the trainee (if not provided by Receiving Organisation/Enterprise): Yes <input 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 in 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 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 supported by Sending institution)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
The receiving organisation/enterprise will provide appropriate equipment and support 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.	

COMMITMENT

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).

Trainee Trainee's signature	Vostra Firma	Date:	Data
Sending institution Responsible person's signature	Firma del Direttore	Date:	Data
Receiving Organisation/Enterprise Supervisor at the Receiving Organisation signature		Date:	



3. The traineeship is carried out by a recent graduate and, upon completion of the traineeship, the institution undertakes to:

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

Accident insurance for the trainee

Sending institution will provide an accident insurance to the trainee (if not provided by receiving Organisation/Enterprise): 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"/>
Sending institution will provide a liability insurance to the trainee (if not provided by Receiving Organisation/Enterprise): Yes <input 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 in 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 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 supported by Sending institution)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
The receiving organisation/enterprise will provide appropriate equipment and support 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.	

COMMITMENT

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).

Trainee Trainee's signature	Vostra Firma	Date:	Data
Sending institution Responsible person's signature	Firma del Direttore	Date:	Data
Receiving Organisation/Enterprise Supervisor at the Receiving Organisation signature	Firma del responsabile presso l'istituto ospitante	Date:	Data



DURING THE MOBILITY

Table A2 – Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise¹²

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 trainee at the (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	

NON COMPILARE

The trainee, the sending institution and the receiving organisation/enterprise confirm by e-mail or signature that the proposed amendments to the mobility programme are approved.

CHANGES OF RESPONSIBLE PERSON(S), if any:

New responsible person in Sending institution:	
Name:	Function:
Phone number:	E-mail:
New responsible person in Receiving Organisation/Enterprise:	
Name:	Function:
Phone number:	E-mail:
Trainee	
Trainee's signature	Date:
Sending institution	
Responsible person's signature	Date:
Receiving Organisation/Enterprise	
Supervisor at the Receiving Organisation signature	Date:



AFTER THE MOBILITY

TRAINEESHIP CERTIFICATE

Table D – Traineeship Certificate by the Receiving Organisation/Enterprise

Trainee

Last name (s)		First name (s)	
Sending institution		Receiving Organisation/Enterprise	
Sector of Receiving Organisation/Enterprise		Address of Receiving Organisation/Enterprise	

Start date and end date of the traineeship: from [day/month/year]to [day/month/year]
Traineeship title:
Detailed programme of the traineeship period including tasks carried out by the trainee:
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:

NON COMPILARE



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) – for recent graduates, specify the latest study cycle.

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 **Responsible person at Sending institution:** this person is responsible for signing the Learning Agreement, amending it if needed and recognizing the credits and associated learning outcomes on behalf of the responsible academic body as set out in the Learning Agreement. The name and e-mail 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.

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 **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 e-mail 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.

⁹ **Level of language competence:** a description of the European Language Levels (CEFR) is available at <http://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, in particular for institutions located in Partner Countries not participating in the Bologna process, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a weblink to an explanation to the system should be added.

¹² 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)