**HIGHER EDUCATION**

**LEARNING AGREEMENT FOR TRAINEESHIPS**

**Trainee**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s) |  | First name(s) |  |
| Date of birth |  | Nationality1 |  |
| Gender *[Male/*  *Female/Undefined]* |  | Study cycle2 |  |
| Field of  Education3 |  |

**Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Univerzita Jana Evangelisty  Purkyně v Ústí nad Labem  (UJEP) | Faculty/  Department |  |
| Erasmus code4  (if applicable) | CZ USTINAD01 | Country | Czech Republic |
| Address | Pasteurova 1  400 96 Ústí nad Labem | Contact  person5  name/e-mail/  phone |  |

**Receiving Organisation/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  Sector |  | Department |  |
| Address |  | Website |  |
| Size | ☐ < 250 employees  ☐ > 250 employees | Country |  |
| Contact person6 name/position/  e-mail/phone |  | Mentor7 name/position/  e-mail/phone |  |

#### **Part 1: BEFORE THE MOBILITY**

#### **I. Traineeship Programme at the Receiving Organisation/Enterprise**

Table A:

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| **Planned period of the mobility**: from *[day/month/year]* ….……. to *[day/month/year]* ………… |
| **Traineeship title:** |
| **Number of working hours per week** (speaking of a full-time job)**:** |
| **Detailed programme of the traineeship**: |
| **Traineeship in digital skills**8**: Yes ☐ No ☐** |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship** (expected Learning Outcomes)**:** |
| **Monitoring plan:**  Receiving Organisation:  Sending Institution:  The trainee will be supervised by a mentor set in the internal document “Souhlas děkana”  on the basis of the student’s reports regularly sent to the mentor once a month.  **Number of supervision hours:**  Receiving Organisation:  Sending Institution: |
| **Evaluation plan:**  academic skills/expertise  analytical skills  initiative  adaptability  communication skills  teamwork skills  decision-making skills  ICT skills  innovative and creative skills  strategic-organisational skills  foreign language skills  other, please specify: |
| **Language competence of the trainee**  The level of language competence9 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 🞏 Native speaker 🞏 |

#### **II. sending institution** *(please use only one of the following three boxes*10*)*

Table B:

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| 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 🞏 Final report 🞏 Interview 🞏 * 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 🞏 No 🞏 |

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| 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 (or equivalent). * Record the traineeship in the trainee's Europass Mobility Document: Yes 🞏 No 🞏 |

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| 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 🞏 |

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| **Insurance for the trainee**  The Sending Institution will provide an **accident insurance** to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes ☐ No x  If yes, the accident insurance covers:  - accidents during travels made for work purposes: Yes ☐ No x  - accidents on the way to work and back from work: Yes ☐ No x  The Sending Institution will provide a **liability insurance** to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes ☐ No x |

#### **III. receiving organisation/enterprise**

Table C:

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| The Receiving Organisation/Enterprise will provide **financial support** to the trainee for the traineeship: Yes 🞏 No 🞏  If yes, amount (EUR/month):  The Receiving Organisation/Enterprise will provide a **contribution** in kind to the trainee for the traineeship: Yes 🞏 No 🞏 If yes, please specify:  The Receiving Organisation/Enterprise will provide an **accident insurance** to the trainee (if not provided by the Sending Institution): Yes ☐ No ☐  If yes, 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 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. |

#### **IV. 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 (or the principles agreed in the partnership agreement for institutions located in Partner Countries).

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| **Trainee**  Name:  E-mail:  Position: Trainee  Date:  Signature: |

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| **Responsible person at the Sending Institution**12  Name:  E-mail:  Position:  Date:  Signature: |

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| **Supervisor at the Receiving Organisation**13  Name:  E-mail:  Position:  Date:  Signature: |

For end notes and guidelines, please look at Annex (<https://www.ujep.cz/cs/formulare-a-dokumenty> - příloha - vysvětlivky a instrukce).