

# Learning Agreement Student Mobility for Traineeships

|                                    |  |                     |  |                                     |  |   |  |
|------------------------------------|--|---------------------|--|-------------------------------------|--|---|--|
| Trainee                            | Last name(s)                                       | First name(s)       | Date of birth  | Nationality <sup>1</sup>            | Gender [Male/Female/Undefined]   | Study cycle <sup>2</sup>  | Field of education <sup>3</sup>  |
|                                    | Meier  | Maja                | 1.01.1990  | Germany                             | F  | Bachelor  | 0922   |
| Sending Institution                | Name   | Faculty/ Department | Erasmus code <sup>4</sup> (if applicable)  | Address                             | Country  | Contact person name <sup>5</sup> ; email; phone   |  |
|                                    | Fliedner University of Applied Sciences Düsseldorf |                     | D DUSSELD09  | Alte Landstr. 179, 40489 Düsseldorf | Germany  | Sophia Wilczek, <a href="mailto:wilczek@fliedner-fachhochschule.de">wilczek@fliedner-fachhochschule.de</a> , +49 221 4093284                                      |  |
| Receiving Organisation /Enterprise | Name   | Department          | Address; website   | Country                             | Size   | Contact person <sup>6</sup> name; position; email; phone  | Mentor <sup>7</sup> name; position; email; phone   |
|                                    | Fundación Federico Fliedner                        | ...                 | Calle de Bravo Murillo 85, 28003 Madrid <a href="http://www.fliedner.es">www.fliedner.es</a> | Spain                               | <input type="checkbox"/> < 250 employees<br><input type="checkbox"/> > 250 employees | Administrative Ansprechperson an der aufnehmenden Einrichtung, kann die gleiche Person wie der/die Praktikumsbetreuer/in sein: Name, Funktion, E-Mail und Telefon | Ansprechperson, die hinsichtlich Arbeitsweisen und Verhaltensregeln innerhalb der Einrichtung informiert und unterstützt, Name, Funktion, E-Mail und Telefon |

**Kommentar [w1]:** 4-stelliger ISCED-Fächercode für Ihren Studienbereich : <https://circabc.europa.eu/sd/a/286bac6-aa7c-4ada-a42b-ff2cf3a442b7/ISCED-F%202013%20-%20Detailed%20field%20descriptions.pdf> z.B. Kindheitspädagogik: 0922 (Child care and youth services) Soziale Arbeit: 0923 (Social work and counselling) Pflege und Gesundheit: 0913 (Nursing and midwifery) Medizinisches Informationsmanagement 0988 (Inter-disciplinary programmes and qualifications involving health and welfare)

### Before the mobility

|  |  |
|--|--|
| <b>Table A - Traineeship Programme at the Receiving Organisation/Enterprise</b>  |  |
| Planned period of the mobility: from [day/month/year] <b>02.01.2021</b> to [day/month/year] <b>31.03.2021</b>  |  |
| Traineeship title: <b>Geben Sie Ihrem Praktikumsaufenthalt einen Titel, der zum Inhalt passt.</b>  | Number of working hours per week: z.B. <b>35</b> |
| Detailed programme of the traineeship:<br>- Beschreibung, welche Tätigkeiten im Projekt geplant sind, gern in Stichpunkten   |  |
| Traineeship in digital skills <sup>8</sup> : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):<br>- Kenntnisse, Fähigkeiten und Kompetenzen, die Sie durch das Praktikum erwerben  |  |
| Monitoring plan:<br>Wie soll Ihr Lernfortschritt durch die Hochschule und durch die Praxiseinrichtung beobachtet und dokumentiert werden? z.B. Portfolio, documenting learning outcomes and exchanges with the supervisor  |  |
| Evaluation plan:<br>Wie werden ihre Lernergebnisse am Ende ausgewertet? Z.B. Traineeship certificate and evaluation at Fliedner University of Applied Sciences   |  |
| The level of language competence <sup>9</sup> in <b>Spanish</b> [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 checked="" type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/> |  |

|  |  |
|--|--|
| <b>Table B - Sending Institution</b>   |  |
| Please use only one of the following three boxes: <sup>10</sup>  |  |
| 1. The traineeship is <b>embedded in the curriculum</b> and upon satisfactory completion of the traineeship, the institution undertakes to:  |  |
| Award ..... ECTS credits (or equivalent) <sup>11</sup>   | 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 <b>voluntary</b> 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"/> |  |

**Kommentar [w2]:** Tabelle B sprechen Sie mit dem Studiengang bzw. dem International Office ab.

| 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 <b>recent graduate</b> 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 ( <i>highly recommended</i> ): Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |                   |  |            |              |
| <b>Accident insurance for the trainee</b>  |  |                   |  |            |              |
| The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise):<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |                   | The accident insurance covers:<br>- accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>- 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 (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |                   |  |            |              |
| <b>Table C - Receiving Organisation/Enterprise</b>   |  |                   |  |            |              |
| 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"/><br>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:<br>- accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/><br>- 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):<br>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. |  |                   |  |            |              |
| Commitment   | Name   | Email             | Position   | Date       | Signature    |
| Trainee  | Maja Meier   | Maja.meier@fjh.de | Trainee  | 22.02.2022 | Unterschrift |
| Responsible person <sup>12</sup> at the Sending Institution  | Bei Pflichtpraktikum:<br>Modulverantwortliche<br>/r im Studiengang |                   | Module coordinator   | 23.02.2022 | Unterschrift |
| Supervisor <sup>13</sup> at the Receiving Organisation   | ...  | ...               | Supervisor   | 24.02.2022 | Unterschrift |

**Kommentar [w3]:** Falls die Einrichtungen ihren Praktikant/innen Versicherungen o.ä. anbietet, wird das hier eingetragen.