**Learning Agreement**

**Student Mobility for Work Placement**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee** | **Last name(s)** | **First name(s)** | **Date of birth** | **Nationality**[[1]](#endnote-2) | **Gender [Male/Female/Undefined]** | **Study cycle**[[2]](#endnote-3) | **Field of education**[[3]](#endnote-4) |
|  |  |  |  |  |  |  |
| **Sending Institution** | **Name** | **Faculty/ Department** | **Address** | **Country** | **Contact person name**[[4]](#endnote-5)**; email** |
| Ulster University |  | Ulster University, Cromore Road, Coleraine, BT52 1SA, Northern Ireland | United Kingdom | Heledd Georgegoglobal@ulster.ac.uk  |
| **Receiving** **Organisation/Enterprise** | **Name** | **Department** | **Address; website** | **Country** | **Size** | **Contact person[[5]](#endnote-6) name; position; e-mail** | **Mentor[[6]](#endnote-7) name; position;****e-mail** |
|  |  |  |  | [x]  < 250 employees[ ]  > 250 employees |  |  |
| **Before the mobility** |
| ***Table A – Work Placement Programme at the Receiving Organisation/Enterprise*** |
| **Planned period of the mobility: from [month/year] …………..to [month/year] ……………….** |
| **Job title: …**  | **Number of working hours per week: …** |
| **Detailed programme of work placement:**  |
| **Knowledge**, **skills and competences to be acquired by the end of the placement (expected Learning Outcomes):** |
| **Evaluation plan:** |
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| ***Table C - Receiving Organisation/Enterprise***

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| The Receiving Organisation/Enterprise will provide financial support to the trainee: Yes [ ]  No [ ]   | If yes, amount (per/month):. |
| The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee: 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 [ ]   | 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. Yes [ ]  No [ ]  |

Depending on your passport / nationality, it is likely that you will require a visa to undertake a work placement abroad. By signing this section, you confirm that you have verified the type of visa that is required for your work placement abroad. |
| 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.  |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Student |   |  | Trainee |   |  |
| Responsible person[[7]](#endnote-8) at the Sending Institution |   |   |   |   |  |
| Supervisor[[8]](#endnote-9) at the Receiving Organisation |   |   |   |   |  |

**During the Mobility**

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| ***Table A2 - Exceptional Changes to the Work Placement 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 [month/year] ……………. till [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:** |

**After the Mobility**

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| ***Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **Name of the trainee:** |
| **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:** |
| **Start date and end date of 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:** |

1. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-2)
2. **Study cycle:** Short cycle/ Bachelor or equivalent first cycle/ Master or equivalent second cycle/ Doctorate or equivalent third cycle. [↑](#endnote-ref-3)
3. **Field of education:** The field of education and training that is closest to the subject of the degree to be awarded to the trainee by the sending institution. [↑](#endnote-ref-4)
4. **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. [↑](#endnote-ref-5)
5. **Contact person at the Receiving Organisation**: a person who can provide administrative information for the traineeship [↑](#endnote-ref-6)
6. **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-7)
7. **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. [↑](#endnote-ref-8)
8. **Supervisor at the Receiving Organisation**: this person is responsible for signing the Learning Agreement, amending it if needed and supervising the trainee during the work placement. 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. [↑](#endnote-ref-9)