

Trainee	Last name(s): First name(s): Date of birth: Nationality ⁱ : Sex: Male/Female	Study cycle ⁱⁱ : EQF level 6/EQF level 7 Field of education ⁱⁱⁱ :
	Sending Institution	Contact person name ^v :
Receiving Organisation/Enterprise	Name: Faculty/Department: Erasmus code ^{iv} (if applicable): Address: Country:	E-mail:
	Name: Radom Academy of Economics Erasmus code: PL RADOM 04 Department: International Relations and Students' Internships Office Address: Traugutta 61 A, 26- 600 Radom Website: www.wsh.pl/en Country: Poland Size: < 250 Employees	Phone:
		Contact person ^{vi} name : Paulina Marcinkiewicz position: Erasmus Coordinator e-mail: zagranica@wsh.pl phone: +4848 363 22 90 ext. 43
		Mentor ^{vii} name: Paulina Marcinkiewicz position: Erasmus Coordinator e-mail: zagranica@wsh.pl phone: +4848 363 22 90 ext. 43

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise	
Planned period of the mobility: from [month/year] to [month/year]	
Traineeship title: Trainee in International Relations and Students' Internships Office	Number of working hours per week: 40

Detailed programme of the traineeship:

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Monitoring plan:

Evaluation plan:

The level of **language competence**^{viii} in English/Polish [indicate here the main language of work] that the trainee already has or agrees to acquire by the start of the mobility period is:

B1 B2 C1 C2 Native speaker

Table B - Sending Institution

Please use only one of the following three boxes:

1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent)
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): Yes No
Record the traineeship in the trainee's Europass Mobility Document: Yes No

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): Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <u>recent graduate</u> 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"/>
Accident insurance for the trainee	
The Sending Institution will provide an accident insurance to the trainee (if not provided by the 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"/>
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 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 X 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 X 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 X	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No X - accidents on the way to work and back from work: Yes <input type="checkbox"/> No X
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No X	
The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee: Yes X No <input type="checkbox"/> if yes, please specify: Laptop/Tablet	
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	

Learning Agreement

Student Mobility for Traineeships



Higher Education:
Learning Agreement form
Student's name:
Academic Year 20.../20...

agreed in the partnership agreement for institutions located in Partner Countries).

Commitment	Name	Email	Position	Date	Signature
Trainee			<i>Trainee</i>		
Responsible person ^{ix} at the Sending Institution					
Supervisor ^x at the Receiving Organisation	Paulina Marcinkiewicz	zagranica@wsh.pl	Erasmus Coordinator		

i

Nationality: Country to which the person belongs administratively and that issues the ID card and/or passport.

ii

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).

iii

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.

iv

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.

v

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.

vi

Contact person at the Receiving Organisation: a person who can provide administrative information within the framework of Erasmus+ traineeships.

vii

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.

viii

Level of language competence: a description of the European Language Levels (CEFR) is available at: <https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

ix

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.

x

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 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.