

Trainee	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Number of semesters before the internship abroad	Field of education	Phone	E-Mail
							Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> State examination <input type="checkbox"/>			
Sending Institution	Name	Faculty/ Department	Erasmus code (if applicable)	Address	Country	Contact person at the University of Würzburg (faculty level): name; email; phone				
	Julius-Maximilian-Universität Würzburg		D WURZBUR01	Sanderring 2 97074 Würzburg, Germany	Germany, DE	_____ _____				
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Mentor ¹ and/or Contact person ² name; position; e-mail; phone				
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees	1.Mentor: _____ 2.Contact person (if different): _____				

Before the mobility (to be filled by the Receiving Organisation)

Table A - Traineeship Programme at the Receiving Organisation/Enterprise

Planned period of the mobility: from [dd/mm/yy] to [dd/mm/yy] (Note: The training period must be at least 2 months=60 days)

Traineeship title: ...

Number of working hours per week: ...

The internship is equivalent with a full time internship position.

Detailed programme of the traineeship:

Traineeship in digital skills³: Yes No

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

Monitoring plan (e.g. regular/one-to-one meetings between mentor and the trainee, working plan):

Evaluation plan (e.g. regular reports/forms about the trainee's work):

The level of **language competence** 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

Table B - Sending Institution (to be filled by the Sending Organisation)

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 <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, only upon request) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

OR

2. traineeship is **voluntary** 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"/>
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, only upon request).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

OR

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 <input type="checkbox"/> No <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	

Table C - Receiving Organisation/Enterprise (to be filled by the Receiving Organisation)

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"/> 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: - 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 provided by the Sending Institution): 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 + Stamp
Trainee			<i>Trainee</i>		
Responsible person ⁴ at the Sending Institution					
Supervisor ⁵ at the Receiving Organisation					

¹ **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 enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.

² **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.

³ **Traineeship in digital skills:** any traineeship where trainees receive training and practice in at least one or more of the following activities: digital marketing (e.g. social media management, web analytics); digital graphical, mechanical or architectural design; development of apps, software, scripts, or websites; installation, maintenance and management of IT systems and networks; cybersecurity; data analytics, mining and visualisation; programming and training of robots and artificial intelligence applications. Generic customer support, order fulfilment, data entry or office tasks are not considered in this category.

⁴ **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.

⁵ **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.