**LEARNING AGREEMENT FOR TRAINEESHIPS**

**The Trainee**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality**[[1]](#footnote-1)** |  |
| Sex [*M/F*] |  | Academic year | 20../20.. |
| Study cycle[[2]](#footnote-2) |  | Subject area,  Code[[3]](#footnote-3) |  |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name UNIVERSITY OF PIRAEUS** | |  | | Faculty **SCHOOL OF FINANCE AND STATISTICS** |  | |
| Erasmus code G PIREAS 01  (if applicable) |  | | | **Department of Statistics and Insurance Science** | |  | |
| Address 80 Karaoli & Dimitriou str.  185 34 Piraeus, Greece | | |  | Country, Greece  Country code[[4]](#footnote-4) | |  | |
| Contact person name:  Dr. Christina Kontogoulidou  Head of IRO  EMAIL: [publ@unipi.gr](mailto:publ@unipi.gr),  Tel : + 30 210 4142245, 2248  Fax: +30 210 4142347 | | |  | Contact person : Ass.Prof. Nektarios Miltiadis E-mail / phone  [nektar@unipi.gr](mailto:nektar@unipi.gr) / +30 210 414 2271 | |  | |

**The Receiving Organisation/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  Sector[[5]](#footnote-5) |  | Department |  |
| Address, website |  | Country |  |
| Size of enterprise[[6]](#footnote-6) |  |  |  |
| Contact person[[7]](#footnote-7) name / position |  | Contact person e-mail / phone |  |
| Mentor[[8]](#footnote-8)name / position |  | Mentor e-mail / phone |  |

#### **Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

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| **Planned period of the mobility**  from *[month/year]* ……………. till *[month/year]* …………… |
| **Number of working hours per week: …** |
| **Traineeship title**  **………………………..** |
| **Detailed programme of the traineeship period, including tasks/deliverables and associated timing to be carried out by the trainee**  **………………………..** |
| **Knowledge**, **skills (intellectual and practical) and competences to be acquired by the trainee at the end of the traineeship (learning outcomes)**  **………………………..** |
| **Monitoring plan** *[describing how/when the trainee will be monitored during his / her traineeship by both the sending institution and the receiving organisation / enterprise. Specify the number of supervision hours. Specify if a third party is also involved, such as a higher education institution in the receiving country, and if yes, specify the contact details of the person in charge.]*  **………………………..** |
| **Evaluation plan** *[describing the assessment criteria to be used to evaluate the trainee'ship  period.]*  *Examples of assessment criteria: 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* **………………………..** |

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| **Language competence of the trainee**  The level of language competence[[9]](#footnote-9) in ………….. *[workplace language]* that the trainee already has or agrees to acquire by the start of the mobility period (for the above-mentioned dates) is: A1 🞏 A2 🞏 B1 🞏 B2 🞏 C1 🞏 C2 🞏 |

|  |
| --- |
| **The sending institution**  The institution undertakes to respect all principles of the Erasmus Charter for Higher Education relating to traineeships.   * The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to: * Award …….. ECTS credits. * Give a grade based on: Traineeship certificate 🞏 Final report🞏 Interview 🞏 * Record the traineeship in the trainee's Transcript of Records. * Record the traineeship in the trainee's Diploma Supplement (or equivalent). * Record the traineeship in the trainee's Europass Mobility Document Yes 🞏 No 🞏 * The traineeship is voluntary and upon satisfactory completion of the traineeship, the institution undertakes to: * Award ECTS credits: Yes 🞏 No 🞏  If yes, please indicate the number of ECTS 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), except if the trainee is a recent graduate. * Record the traineeship in the trainee's Europass Mobility Document Yes 🞏 No 🞏 If the trainee is a recent graduate this is recommended. |

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| **The receiving organisation/enterprise**  The trainee will receive a financial support for his/her traineeship: Yes 🞏 No 🞏  If yes, amount in EUR/month: ….  The trainee will receive a contribution in kind for his/her traineeship: Yes 🞏 No 🞏 If yes, please specify: ….  Is the trainee covered by the accident insurance (covering at least damages caused to the trainee at the workplace)? Yes 🞏 No 🞏  If yes, please specify if it also covers:  - accidents during travels made for work purposes: Yes 🞏 No 🞏  - accidents on the way to work and back from work: Yes 🞏 No 🞏  If not, please specify whereas the trainee is covered by an accident insurance provided by the sending institution: Yes 🞏 No 🞏  If yes, please specify if it also covers:  - accidents during travels made for work purposes: Yes 🞏 No 🞏  - accidents on the way to work and back from work: Yes 🞏 No 🞏  Is the trainee covered by a liability insurance (covering damages caused by the trainee at the workplace)? Yes 🞏 No 🞏  The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee.  Upon completion of the traineeship, the organisation/enterprise undertakes to issue a Traineeship Certificate to the trainee *[corresponding to the form in the section After the Mobility which needs to be filled in the present document and can additionally be issued independently.]* |

**II. RESPONSIBLE PERSONS**

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| **Responsible person[[10]](#footnote-10) in the sending institution:**  Name: Function:  Phone number: E-mail: |

|  |
| --- |
| **Responsible person[[11]](#footnote-11) in the receiving organisation/enterprise (supervisor):**  Name: Function:  Phone number: E-mail: |

**III. COMMITMENT OF THE THREE PARTIES**

By signing[[12]](#footnote-12) this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed 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 mobility period.

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| **The trainee**  Trainee’s signature Date: |

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| **The sending institution**  Responsible person’s signature  Ass.Prof. Nektarios Miltiadis Date: |

|  |
| --- |
| **The receiving organisation/enterprise**  Responsible person’s signature  Date: |

**Section to be completed DURING THE MOBILITY**

#### **EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

#### **I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

|  |
| --- |
| **Planned duration of the mobility period**  from *[month/year]* ……………. till *[month/year]* …………… |
| **Number of working hours per week: …** |
| **Traineeship title**  ……………………….. |
| **Detailed programme of the traineeship period, including tasks/deliverables and associated timing to be carried out by the trainee**  ……………………….. |
| **Knowledge, skills (intellectual and practical) and competences to be acquired by the trainee at the end of the traineeship (learning outcomes)**  ……………………….. |
| **Monitoring plan** *[describing how/when the trainee will be monitored during his / her traineeship by both the sending institution and the receiving organisation / enterprise. Specify the number of supervision hours. Specify if a third party is also involved, such as a higher education institution in the receiving country, and if yes specify the contact details of the person in charge.]*  ……………………….. |
| **Evaluation plan** *[describe the assessment criteria used to evaluate the traineeship  period]*  ……………………….. |

#### **II. CHANGES IN THE RESPONSIBLE PERSONS, if any**

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| --- |
| **New responsible person in the sending institution:**  Name: Function:  Phone number: E-mail: |

|  |
| --- |
| **New responsible person in the receiving organisation/enterprise:**  Name: Function:  Phone number: E-mail: |

#### **III. COMMITMENT OF THE THREE PARTIES**

The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the Learning Agreement are approved.

*[Agreement of the proposed amendments by email is accepted. Original or scanned signatures are not mandatory for this specific section.]*

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| --- |
| **The trainee**  Trainee's signature or approval by e-mail Date: |

|  |
| --- |
| **The sending institution**  Responsible person’s signature or approval by e-mail Date: |
|  |

|  |
| --- |
| **The receiving organisation/enterprise**  Responsible person’s signature or approval by e-mail Date: |

**Section to be completed AFTER THE MOBILITY**

#### **TRAINEESHIP CERTIFICATE**

*[This Traineeship Certificate must be issued together with the sections before and during mobility and it can additionally be issued independently].*

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| --- |
| **Name of the trainee:** |

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| --- |
| **Name of the receiving organisation/enterprise:** |

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| --- |
| **Sector of the receiving organisation/enterprise:** |

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| --- |
| **Address of the receiving organisation/enterprise** *[street, city, country, phone, e-mail address]***, website:** |

|  |
| --- |
| **Start[[13]](#footnote-13) and end[[14]](#footnote-14) of the traineeship:**  from *[day/month/year]* ……………. till *[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 (learning outcomes achieved):** |

|  |
| --- |
| **Evaluation of the trainee**[[15]](#footnote-15)**:** |

**Date:**

**Name and signature of the responsible person at the receiving organisation/enterprise:**

1. Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#footnote-ref-1)
2. 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) - specify the latest study cycle for recent graduates. [↑](#footnote-ref-2)
3. Please refer to the ISCED 2013 subject field that is closest to the subject of the degree to be   
    awarded to the trainee by the sending institution. For the list of detailled subject fields, see:   
    <http://www.uis.unesco.org/Education/Pages/international-standard-classification-of-education.aspx>. [↑](#footnote-ref-3)
4. Please use ISO 3166-2 country codes available at: https://www.iso.org/obp/ui/#search. [↑](#footnote-ref-4)
5. For the list of top-level NACE sector codes, see : http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST\_NOM\_DTL&StrNom=NACE\_REV2&StrLanguageCode=EN. [↑](#footnote-ref-5)
6. For instance: 1-50 / 51-500 / more than 500 employees. [↑](#footnote-ref-6)
7. A person who can provide administrative information within the framework of Erasmus traineeships. [↑](#footnote-ref-7)
8. 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. [↑](#footnote-ref-8)
9. For the Common European Framework of Reference for Languages (CEFR) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>. [↑](#footnote-ref-9)
10. The responsible person in the sending organisation is responsible for signing the Learning Agreement and recognising the credits and associated learning outcomes as set out in the Learning Agreement. [↑](#footnote-ref-10)
11. The responsible person in the receiving organisation (supervisor) is responsible for signing the Learning Agreement, supervising the trainee during the traineeship and signing the Traineeship Certificate. [↑](#footnote-ref-11)
12. Scanned copies of signatures or digital signatures are recognised. There is no need to circulate papers with original signatures. [↑](#footnote-ref-12)
13. First day the trainee has been present at the enterprise to carry out his/her traineeship. [↑](#footnote-ref-13)
14. The end of the traineeship period is the last day the trainee has been present at the receiving enterprise to carry out his/her traineeship. [↑](#footnote-ref-14)
15. According to the agreed assessment criteria, such as: 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, … [↑](#footnote-ref-15)