



# **Traineeship Agreement Student Mobility SMP (Incoming)**

#### **Trainee**

Participant First Name				Participant Last Name		
Date of Birth				Participant Gender	Male	Female Undefined
E-Mail				Nationality <sup>1</sup>		
Study Cycle <sup>2</sup>	ВА	MA	PhD	Short Cycle	Academic Year	20/20
Field of Education <sup>3</sup>					ISCED-F Code <sup>3</sup> :	

# **Sending Institution**

Name of Institution	Faculty/ Department	
Address	Country	
Contact Person <sup>6</sup> Name and Position	E-Mail and Phone Number	

#### **Receiving Institution**

Name of Institution	Faculty/ Department		
Address	Country		
	Size of Organisation	<250 employees	>250 employees
Contact Person <sup>6</sup> : Name and Position	E-Mail and Phone Number		
Mentor <sup>8</sup> : Name and Position	E-Mail and Phone Number		

# **Programme Country Institution**

Name of Organisation	Humboldt-Universität zu Berlin	Department	International Department
Address	Unter den Linden 6 10099 Berlin Germany	Website	www.international.hu-berlin.de/en/ studierende/ins-ausland/ erasmus_worldwide
Contact Person <sup>7</sup> : Name and Position	Johann Comolle Erasmus+ Partner Countries Project Coordinator	E-Mail and Phone Number	erasmus.international@hu-berlin.de +49 30 2093 46721

# **Language Competence of the Student**

Working Language at the Host Institution Language of instruction	The Level of Language Competence9 that the student already has or agrees to acquire by the start of the study period:	A1 B1 C1 Native sp	A2 B2 C2 eaker	
--	---	-----------------------------	-------------------------	--





# **BEFORE THE MOBILITY**

# Table A: Traineeship Programme at the Receiving Organisation

<b>Mobility Start Date</b> from month/year	Mobility End Date to month/year		
Traineeship Title:			
Nr. of Working Hours Per Week:	Traineeship in Digital Skills <sup>10</sup> :	Yes	No
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:			





# Table B1: Commitment of the Sending Institution before the mobility regarding recognition

Recognition Linked to	the Traineesh	ip Programı	me				
The traineeship is embed undertakes to:	lded in the curric	culum and up	oon satisfactor	ry completion of the train	eeship, the instituti	on	
Award ECTS cre	edits <sup>11</sup> (or equiva	alent)					
Give a grade based on:	Trainees	hip Certificat	te	Final Report	Interview		
	Transcript of R	lecords (man	ndatory)			Yes	No
Record the traineeship in the trainee's:	Diploma Suppl	Diploma Supplement (mandatory if sending institution in EHEA)				Yes	No
	Europass Mobility Document					Yes	No
The traineeship is volunt to:	ary and, upon s	atisfactory co	ompletion of t	he traineeship, the institu	ition undertakes		
Award ECTS credits <sup>11</sup> (or equivalent):	Yes	No	If yes,	please indicate the numb	er of credits:		
Give a grade	Yes	No	If yes,	please indicate if this will	be based on:		
Traineeship Cer	tificate	Final I	Report	Intervi	ew		
	Transcript of R	lecords				Yes	No
Record the traineeship in the trainee's:	Diploma Suppl	Diploma Supplement (mandatory if sending institution in EHEA)				Yes	No
	Europass Mobi	lity Documer	nt			Yes	No

# Table B2: Commitment of the Programme Country Institution regarding Accident insurance for the trainee

The Programme Country Institution will provide accident insurance to the trainee (if not provided by the Receiving Organisation):		Yes	No
The accident insurance covers:	<ul><li>Accidents during work-related travel:</li><li>Accidents on the way to work or from work:</li></ul>	Yes Yes	No No
covers.	Accidents off the way to work of from work.	res	NO
The Programme Country Institution will provide liability insurance to the trainee (if not provided by the Receiving Organisation):		Yes	No

# Table C: Commitment of the Receiving Organisation

The Receiving Organisati	on will provide financial support to the trainee for the traineeship:	Yes	No	
If yes, amount (EUR/month):				
The Receiving Organisati	on will provide a contribution in kind to the trainee for the traineeship:	Yes	No	
If yes, please specify:				
The Receiving Organisati Programme Country Inst	ion will provide accident insurance to the trainee (if not provided by the citution):	Yes	No	
The accident insurance	Accidents during work-related travel:	Yes	No	
covers:	Accidents on the way to work or from work:	Yes	No	
The Receiving Organisation will provide liability insurance to the trainee (if not provided by the Programme Country Institution):			No	
The Receiving Organisati	on will provide appropriate support and equipment to the trainee.			
Upon completion of the traineeship, the Receiving Organisation undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.				





#### **COMMITMENT**

By signing this document, the trainee, the Programme Country Institution, the Receiving Organisation and the Partner Country Institution confirm that they approve the Traineeship Agreement and that they will comply with all the arrangements agreed by all parties.

The trainee and Receiving Organisation will communicate any problem or changes regarding the traineeship period to the Partner Country Institution and the Programme Country Institution.

The Programme Country Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement.

The Programme Country Institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships and the Partner Country Institution commits to respect the principles agreed in the inter-institutional agreement for institutions located in Partner Countries.

Student			
Last Name, First Name	Sigr	nature	Date
Responsible Person <sup>12</sup> at the Sending Institution	Position:		
Name of the responsible person	Signatur	e and Stamp	Date
Responsible Person <sup>12</sup> at the Receiving Institution	Position:		
Name of the responsible person	Signatur	e and Stamp	Date
Supervisor <sup>13</sup> at the Receiving	Position:		
Institution			
Name of the responsible person	Signatur	e and Stamp	Date





# **DURING THE MOBILITY**

Table D: Exceptional changes to the Traineeship programme at the Receiving Organisation

	1 1 2		_	
(to be approved by e-mail or signature by th	e student, the responsible persor	n in the Programme Country	/ Institution, the	responsible person in the
Receiving Organisation and the responsible p	erson in the Partner Country Ins	stitution)		

from month/year		Mobility I to month/ye			
Traineeship Title:		·		Nr. of Working Hours Per Week:	
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:					
Student					
Last Name, First Name		Ç	Date		
Responsible Person <sup>12</sup> at the Sending Institution			Signature		
		Position:			
	e	Position:	re and Stamp	Date	
Sending Institution	erson	Position:			
Name of the responsible p  Responsible Person <sup>12</sup> at the	erson	Position: Signature			
Name of the responsible p  Responsible Person <sup>12</sup> at the	erson	Position: Signature Position:			
Name of the responsible p  Responsible Person <sup>12</sup> at the Receiving Institution	erson	Position: Signature Position:	re and Stamp	Date	
Name of the responsible p  Responsible Person <sup>12</sup> at the Receiving Institution  Name of the responsible p	erson	Position:  Signature  Signature	re and Stamp	Date	





# **AFTER THE MOBILITY**

# Table E: Traineeship Certificate by the Receiving Organisation

Participant First Name		Participar	nt Last Name		
Name of the Receiving Organisation:		Sector of Organisat	the Receiving		
Address of the Receiving Organisation:					
Website of the Receiving Organisation:					
Mobility Start Date DD/MM/YY		Mobility E DD/MM/YY	ind Date		
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					
Supervise 13 at the F	Desciving	Decition			
Supervisor <sup>13</sup> at the Receiving Institution		Position:			
Name of the responsible person		Signature	Signature and Stamp		te





- 1. Nationality: Country to which the person belongs administratively and that issues the ID card and/or passport.
- 2. **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).
- 3. **Field of education:** The ISCED-F 2013 search tool available at <a href="http://ec.europa.eu/education/tools/isced-f\_en.htm">http://ec.europa.eu/education/tools/isced-f\_en.htm</a> 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 student by the Sending Institution.
- 4. **Erasmus Code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives. It is only applicable to higher education institutions located in Programme Countries.
- 5. **Country code**: ISO 3166-2 country codes available at: https://www.iso.org/obp/ui/#search.
- 6. **Contact person at the Programme/ Partner Country 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.
- 7. **Contact Person at the Receiving Organisation**: a person who can provide administrative information within the framework of Erasmus+ traineeships. The contact person may act as well as supervisor who is the person responsible for signing the Learning Agreement
- 8. **Mentor**: the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the organisation (culture of the organisation, informal codes and conducts, etc.). Normally, the mentor should be a different person than the contact person and the supervisor.
- 9. **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
- 10. Traineeship in digital skills: any traineeship will be considered as such when one or more of the following activities are practised by the trainee: 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.
- 11. **ECTS credits (or equivalent)**: in countries where the "ECTS" system is not in place, in particular for institutions located in Partner Countries not participating in the Bologna process, "ECTS" needs to be replaced in the relevant tables by the name of the equivalent system that is used, and a web link to an explanation to the system should be added.
- 12. **Responsible Person at the Programme / Partner Country Institution**: an academic who has the authority to approve the Learning Agreement, to exceptionally amend it when it is needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. 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.
- 13. **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.