**LEARNING AGREEMENT: STUDENT MOBILITY FOR TRAINEESHIPS**

**Academic Year 2024/2025**

**The Trainee**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s) |  | First name(s) |  |
| Date of birth |  | Nationality[[1]](#endnote-1) |  |
| Matriculation Nr. |  | Academic year | 2024/2025 |
| Study cycle[[2]](#endnote-2) |  | Field of education, Code[[3]](#endnote-3) |  |
| Phone |  | **mci4me**-e-mail |  |
| Actual address(street, house nr.,postcode, city) |  | Long term address |  |
| Do you receive Austrian study grant (“Studienbeihilfe”)? Yes 🞏 No 🞏  |

**Previous Erasmus Mobility**

|  |
| --- |
| Did you already receive Erasmus grants at this study cycle? Yes 🞏 No 🞏  |
| If yes:When?: From [day/month/year]………….... to [day/month/year]…………….Which Institution (Name and Address)?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Means of Transportation**

|  |
| --- |
| Which means of transportation do you intend to use for the main part of the journey to and from the host institution of your Erasmus+ stay? Plane 🞏 Car/Motorbike 🞏 Ship 🞏 Train 🞏 Bus 🞏 Carpooling 🞏 Bike 🞏 Other sustainable means of Transportation 🞏, please specify ……………………………………… |
| Please note: Travel support is higher for travel with sustainable means of transportation.For distances under 500 km sustainable means of transportation have to be used.Please keep your travel documents, as random checks may occur. |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | MCI | The Entrepreneurial School® | Faculty |  |
| Erasmus code[[4]](#endnote-4)(if applicable) | INNSBRU08 | Department |  |
| Address | Universitätsstr. 156020 Innsbruck | Country | Austria |
| Contact person[[5]](#endnote-5) name | Kerstin Maier | Contact personEmail / phone | Kerstin.maier@mci.edu+43 512 2070-1622 |

**The Receiving Organisation/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Department |  |
| Address(street, house nr.,postcode, city) |  | Country |  |
| Size of Enterprise1-20 employees, > 20 employees> 50 employees, > 100 employees,> 250 employees, > 500 employees, > 2000 employees, > 5000 employees |  | Website |  |
| Contact person[[6]](#endnote-6) name / position |  | Contact personEmail & phone |  |
| Mentor[[7]](#endnote-7)name / position |  | MentorEmail & phone |  |

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

#### **Table A – Traineeship Programme at the Receiving Organisation/Enterprise**

|  |
| --- |
| **Planned period of the physical mobility**: from [day/month/year] …………………... to [day/month/year] …………….……….If applicable, planned period(s) of the **virtual mobility**: from [day/month/year] …………….…. to [day/month/year] ………………. |
| Duration of **mandatory** internship: **\_\_\_\_\_\_\_\_ weeks** |
| * Mandatory Internship: Yes 🞏 No 🞏 if yes, until:\_\_\_\_\_\_\_\_\_\_\_\_\_
* Without any Interruption Yes 🞏 No 🞏
 |
| Number of **working hours per week** (full-time internship): **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Traineeship title:** |
| **Traineeship in digital skills**[[8]](#endnote-8)**?**: No 🞏 Yes 🞏  |
| **Detailed programme of the traineeship:** |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)[[9]](#endnote-9):** |
| **Monitoring plan[[10]](#endnote-10)** *(to be filled out by the receiving organisation)***:*** regular meetings (e.g. weekly)
* close monitoring by mentor of the trainee
* other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Evaluation plan[[11]](#endnote-11)** *(to be filled out by the receiving organisation)*:* Expertise
* Problem solving
* Implementation of theory into practice
* Team player
* Intercultural competency
* Communication skills
* Self-reflection
* Responsibility
* Entrepreneurial spirit
* Digital Skills
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

|  |
| --- |
| **Language competence of the trainee**The level of language competence[[12]](#endnote-12) 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**

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

*[****Please fill in******only one of the following three boxes 1, 2 or 3****][[13]](#endnote-13)*

|  |
| --- |
| 1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:
* Award …….. ECTS[[14]](#endnote-14) 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. 🗹
* Record the traineeship in the trainee's Diploma Supplement (or equivalent). 🗹
* Record the traineeship in the trainee's Europass Mobility Document Yes 🞏 No 🞏
 |

|  |
| --- |
| 1. 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). 🗹
* Record the traineeship in the trainee's Europass Mobility Document Yes 🞏 No 🞏
 |

|  |
| --- |
| 1. The traineeship is carried out by a **recent graduate** 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: ….
* Record the traineeship in the trainee's Europass Mobility Document *(highly recommended)* Yes 🞏 No 🞏
 |

|  |
| --- |
| **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 ☐ 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 Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes ☐ No 🞏
 |

#### **Table C – The Receiving Organisation/Enterprise**

|  |
| --- |
| * The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes 🞏 No 🞏
	+ If yes, amount in EUR/month for the duration of mandatory internship: ………….
	+ If yes, amount in EUR/month for the duration of voluntary internship: …………...
* The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes 🞏 No 🞏
	+ If yes, please specify: ….
* The Receiving Organisation/Enterprise will provide an accident insurance to the trainee? 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? Yes 🞏 No 🞏
* 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.
 |

**RESPONSIBLE PERSONS**

|  |
| --- |
| **Responsible person[[15]](#endnote-15) at the Sending Institution:**Name: Position: Phone number: Email:  |

|  |
| --- |
| **Supervisor[[16]](#endnote-16) at the Receiving Organisation/Enterprise:**Name: Function: Phone number: Email:  |

**COMMITMENT OF THE THREE PARTIES**

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.

|  |
| --- |
| **The trainee**Trainee’s signature Date:  |
| **The Sending Institution**Responsible person’s signature Date:  |
| **The Receiving Organisation/Enterprise**Responsible person’s signature Date: and **stamp[[17]](#endnote-17)**  of the organisation |

**Section to be completed DURING THE MOBILITY**

#### **Table A2 - Exceptional Changes to the Traineeship 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 [day/month/year] ….……..…. till [day/month/year] ……………**If applicable, planned period(s) of the virtual mobility:** from [day/month/year] ……………. to [day/month/year] ……………. |
| **Number of working hours per week:** |
| **Traineeship title:** |
| **Detailed programme of the traineeship period:** |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship (expected Learning Outcomes):** |
| **Monitoring plan:** |
| **Evaluation plan:** |

The trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that the proposed amendments to the mobility programme are approved.

#### **CHANGES IN THE RESPONSIBLE PERSON(S), if any:**

|  |
| --- |
| **New responsible person in the Sending Institution:**Name: Position: Phone number: Email:  |

|  |
| --- |
| **New responsible person in the Receiving Organisation/Enterprise**:Name: Position: Phone number: Email:  |

|  |
| --- |
| **The trainee**Trainee’s signature Date:  |
| **The Sending Institution**Responsible person’s signature Date:  |
| **The Receiving Organisation/Enterprise**Responsible person’s signature Date: and **stamp** of the organisation |

**Section to be completed AFTER THE MOBILITY**

#### **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 the complete traineeship (incl. virtual component, if applicable):**from [day/month/year] …………………. to [day/month/year] ……………….**Start date and end date of physical mobility:** 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** *(to be filled out by the receiving organisation)***:** |

Date:

Name and signature of the Supervisor at the Receiving Organisation/Enterprise and **stamp** of the organisation:

**End notes**

1. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-1)
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). [↑](#endnote-ref-2)
3. **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. [↑](#endnote-ref-3)
4. **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. [↑](#endnote-ref-4)
5. **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)
6. **Contact person at the Receiving Organisation**: a person who can provide administrative information within the framework of Erasmus+ traineeships. [↑](#endnote-ref-6)
7. **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)
8. **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

**What is not a traineeship in digital skills**? Generic customer support, order fulfilment, data entry or office tasks, using Microsoft Office software [↑](#endnote-ref-8)
9. **Knowledge, skills and competences to be acquired by the end of the internship:** e.g. academic, analytical, communication, decision-making, ICT, innovative and creative, strategic-organisational, and foreign language skills, teamwork, initiative, adaptability etc. [↑](#endnote-ref-9)
10. **Monitoring Plan**: The monitoring plan should describe how and when the trainee will be monitored during the traineeship by the Receiving Organisation/Enterprise, the Sending Institution, and, if applicable, a third party. [↑](#endnote-ref-10)
11. **Evaluation Plan**: The evaluation plan should describe the assessment criteria that will be used to evaluate the traineeship and the learning outcomes. [↑](#endnote-ref-11)
12. **Level of language competence:** a description of the European Language Levels (**CEFR**) is available at <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#endnote-ref-12)
13. **There are three different provisions for traineeships:**

Traineeships embedded in the curriculum (counting towards the degree);

Voluntary traineeships (not obligatory for the degree);

Traineeships for recent graduates. [↑](#endnote-ref-13)
14. **ECTS credits or equivalent**: in countries where the "ECTS" system it is not in place, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a web link to an explanation to the system should be added. [↑](#endnote-ref-14)
15. **Responsible person in 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-15)
16. **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. [↑](#endnote-ref-16)
17. **Stamp:** If the company doesn’t use a stamp, please add a short confirmation of the company that no stamps are used (for example an e-mail including the e-mail signature of the person that signed the learning agreement) or the business card of the person that signed the learning agreement. [↑](#endnote-ref-17)