



Student's Name: _____

ERASMUS+ LEARNING AGREEMENT*

Student Mobility for Traineeships

Academic Year 2023/24

Field of Education
(Clarification) _____

Field of Education¹
(ISCED) _____

Study cycle² _____

The Trainee

Last name(s)				<input type="checkbox"/> male
First name(s)				<input type="checkbox"/> female <input type="checkbox"/> undefined
Date of birth			Nationality ³	
Phone	+49	E-Mail		

The Sending Institution

Name	University of Münster	Erasmus code (if applicable)	D MUNSTER01	Country code	DE
Faculty/ Department	Career Service				
Address, Country	Schlossgarten 3 – Botanicum – 48149 Münster / Germany				
Contact person ⁴	Nele Demedts				
Phone	+49 (0) 251 833 24 11	E-Mail	praktikumsfinanzierung@uni-muenster.de		

The Receiving Organisation/Enterprise

Name				Country code	
Size	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees				
Faculty/ Department					
Address, Country					
Contact person ⁵ & position					
Phone			E-Mail		
Mentor person ⁶ & position					
Phone			E-Mail		
Website					



Student's Name:

BEFORE THE MOBILITY

Table A - Traineeship Programme at the Receiving Organisation/Enterprise

Planned period of the physical component: from _____ (First day of Traineeship: day/month/year) to _____ (Last day of Traineeship: day/month/year)

If applicable, planned period(s) of the virtual component: from _____ -- Not applicable -- to _____ -- Not applicable --

Traineeship title:			
Number of working hours per week:		<i>Full-time** (according to the receiving organisation's general working hours)</i>	<i>yes no</i>
Detailed programme of the traineeship:			
Traineeship in digital skills ⁷ :	<input type="checkbox"/> yes <input type="checkbox"/> no		
Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes):			
Monitoring plan (<i>planned supervision</i>):			
Evaluation plan (<i>planned, qualified reference etc.</i>):			

Language competence of the student

The level of language competence⁸ 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



Student's Name:

Sending Institution – University of Münster

Table B

Please use only one of the following three boxes.⁹

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

Award ECTS credits (or equivalent) ¹⁰ :
Give a grade based on: <input type="checkbox"/> Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).
Record the traineeship in the trainee's Europass Mobility Document: <input type="checkbox"/> yes <input type="checkbox"/> no

2. The traineeship is voluntary and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent) : <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please indicate the number of credits:
Give a grade: <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please indicate if this will be based on:
	<input type="checkbox"/> Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview
Record the traineeship in the trainee's Transcript of Records: <input type="checkbox"/> yes <input type="checkbox"/> no	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: <input type="checkbox"/> yes <input type="checkbox"/> no	

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) : <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please indicate the number of credits:
Record the traineeship in the trainee's Europass Mobility Document [highly recommended]: <input type="checkbox"/> yes <input type="checkbox"/> 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): <input type="checkbox"/> yes <input type="checkbox"/> no
The accident insurance covers: - accidents during travels made for work purposes: <input type="checkbox"/> yes <input type="checkbox"/> no - accidents on the way to work and back from work: <input type="checkbox"/> yes <input type="checkbox"/> no
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): <input type="checkbox"/> yes <input type="checkbox"/> no



Student's Name:

DURING THE MOBILITY (To be filled out in case of significant changes only)

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	to	day/month/year
If applicable, planned period(s) of the virtual mobility from	-- Not applicable --	to	-- Not applicable --

Traineeship title:	
Number of working hours per week:	
Detailed programme of the traineeship period:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes):	
Monitoring plan:	
Evaluation plan:	

The Trainee			
Name:			
Date:		Signature:	
University of Münster as Sending Institution - Responsible Person [Department]			
Name:			
Date:		Signature:	
E-Mail:			
Receiving Organisation/Enterprise - Responsible Person [Supervisor]			
Name:			
Date:		Signature:	
E-Mail:			



Student's Name:

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, website)			
Start date and end date of the complete traineeship [incl. a previously unplanned virtual component, if applicable]:			
From [day/month/year]		to [day/month/year]	
Was - other than planned - a virtual component of the traineeship carried out in the home country?			YES NO
If YES, start date and end date of physical component at the Receiving Organisation/Enterprise:			
From [day/month/year]		to [day/month/year]	
Traineeship title:			
Detailed programme of the traineeship period including tasks carried out by trainee:			
Knowledge, skills [intellectual and practical] and competences acquired [achieved learning outcomes]:			
Level of acquired digital skills [if applicable]:			
<i>Advanced digital skills</i>	<i>Basic digital skills</i>	<i>Not applicable</i>	
Evaluation of the trainee:			

Name and signature of the Supervisor at the Receiving Organisation/Enterprise			
Name:			
Date:		Signature:	
E-Mail:			



Student's Name:

**Additions made by the University of Münster to the Learning Agreement template are indicated in italics.*

- ¹ **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.
- 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 **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.
- ⁴ **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.
- ⁵ **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.
- ⁶ **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.
- ⁷ **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.
- ⁸ **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>
- ⁹ **There are three different provisions for traineeships:**
1. Traineeships embedded in the curriculum (counting towards the degree);
 2. Voluntary traineeships (not obligatory for the degree);
 3. Traineeships for recent graduates.
- ¹⁰ **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.
- ¹¹ **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 E-Mail 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.
- ¹² **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 E-Mail 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.