

| Trainee | Last name(s) | First name(s) | Date of birth | Nationality ¹ | Gender | Study cycle ² | Field of education ³ |
|-----------------------------------|---|---------------------|---|---------------------------|--|---|---|
| | | | | | | | |
| Sending Institution | Name | Faculty/ Department | Erasmus code ⁴ (if applicable) | Address | Country | Contact person name ⁵ ; email; phone | |
| | Swedish University of Agricultural Sciences | | S UPPSALA02 | Box 7010, Uppsala, 750 07 | Sweden | | |
| Receiving Organisation/Enterprise | Name | Department | Address; website | Country | Size | Contact person ⁶ name; position; e-mail; phone | Mentor ⁷ name; position; e-mail; phone |
| | | | | | <input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees | | |

Before the mobility

| | |
|---|---------------------------------------|
| Table A - Traineeship Programme at the Receiving Organisation/Enterprise | |
| Planned period of the mobility: from [month/year] to [month/year] | |
| Traineeship title: ... | Number 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: | |
| The level of language competence ⁸ 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 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/> | |

Table B - Sending Institution

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

| | |
|--|---|
| Award ECTS credits (or equivalent): Yes No | If yes, please indicate the number of credits: |
| Give a grade: Yes No | 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 No | |
| Record the traineeship in the trainee's Diploma Supplement (or equivalent). 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | The accident insurance covers: - accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Table C - Receiving Organisation/Enterprise | | | | | |
| 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 appropriate support and equipment to the trainee. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship. | | | | | |
| | | | | | |
| Commitment | Name | Email | Position | Date | Signature |
| Trainee | | | <i>Trainee</i> | | |
| Responsible person ⁹ at the Sending Institution | | | | | |
| Supervisor ¹⁰ at the Receiving Organisation | | | | | |

During the Mobility

(Indicate changes here)

| | |
|---|---------------------------------------|
| 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 [month/year] till [month/year] | |
| 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: | |

After the Mobility

| <i>Table D - Traineeship Certificate by the Receiving Organisation/Enterprise</i> | |
|---|--|
| 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 traineeship: 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: | |
| Date: | |
| Name and signature of the Supervisor at the Receiving Organisation/Enterprise: | |

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- 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](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.
- 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.
- 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.
- ⁶ **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.
- 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.
- 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 **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.
- ¹⁰ **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.