

## LEARNING AGREEMENT FOR TRAINEESHIPS

### The Trainee

Last name (s)	<b>Soyadınız</b>	First name (s)	<b>adınız</b>
Date of birth	Doğum tarihiniz	Nationality	<b>uyruğunuz</b>
Sex [M/F]	cinsiyetiniz	Academic year	2014/2015
Study cycle	<b>Lisans ögr: 1st cycle</b> <b>Y.Lisans ögr: 2<sup>nd</sup> cycle</b>	Subject area, Code	<a href="http://ec.europa.eu/education/tools/isced-f_en.htm">http://ec.europa.eu/education/tools/isced-f_en.htm</a> <b>bölüm adınıza göre yazınız.</b>
Phone	<b>telefonunuz</b>	E-mail	<b>e-posta adresiniz</b>

### The Sending Institution

Name	Dumlupınar University	Faculty	<b>fakülteniz</b>
Erasmus code (if applicable)	TR KUTAHYA01	Department	<b>bölümünüz</b>
Address	Dumlupınar Üniversitesi Adresini yazınız	Country, Country code	TURKEY, TR
Contact person name	Bölüm Erasmus koordinatörü	Contact person E-mail / phone	<b>Bölüm Erasmus Koordinatörü</b> <b>e-posta ve telefon numarası</b>

### The Receiving Organisation/Enterprise

Name Sector <sup>1</sup>	<b>Gittiğiniz kurumun adı</b>	Department	<b>bölüm</b>
Address, website	Adres ve web sayfası	Country	<b>ülke</b>
Size of enterprise	<b>Staj yapılacak kurumun büyüklüğü (Çalışan sayısı)</b> <b>1-50,</b>	<b>Staj yapılacak kurumun büyüklüğü (Çalışan sayısı)</b> <b>51-500,</b>	<b>Staj yapılacak kurumun büyüklüğü (Çalışan sayısı)</b> <b>more than 500</b>
Contact person name / position	<b>Karşı kurumda iletişim kurulan kişi</b>	Contact person e-mail / phone	<b>Karşı kurumda iletişim kurulan kişi</b>
Mentor name / position	<b>Varsa mentor adı</b>	Mentor e-mail / phone	<b>Varsa mentor e-mail,telefo</b>

## Section to be completed BEFORE THE MOBILITY

### I. PROPOSED MOBILITY PROGRAMME

<b>Planned period of the mobility:</b> from [month/year] ..... till [month/year] ..... <b>planlanan hareketlilik süresini bu kısma yazınız.</b>
<b>Number of working hours per week:</b> ... <b>Haftada kaç saat çalışacağınızı bu kısma yazınız.</b>
<b>Traineeship title:</b> ... <b>stajın adını bu kısma yazınız.</b>
<b>Detailed programme of the traineeship period...</b> <b>Staj programının detaylı programını bu kısma yazınız.</b>
<b>Knowledge, skills and competences to be acquired by the trainee at the end of traineeship ...</b>
<b>Monitoring plan ...</b> <b>Gözlem planını bu kısma yazınız.</b>
<b>Evaluation plan ...</b> <b>Değerlendirme planının bu kısma yazınız.</b>

### Language competence of the trainee

The level of language competence<sup>2</sup> in ..... [*workplace main language*] that the trainee already has or agrees to acquire by the start of the mobility period is:

A1  A2  B1  B2  C1  C2

### The 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 boxes depending on whether the traineeship is embedded in the curriculum or is a voluntary traineeship.]

**Stajınızın zorunlu ise bu kısımları doldurunuz.**

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

**Stajınızın zorunlu değil ise bu kısımları doldurunuz.**

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  *This is recommended if the trainee will be a recent graduate.*

**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? Yes  No

If not, please specify whether the trainee is covered by an accident insurance provided by the sending institution: 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

Is the trainee covered by a liability insurance? 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 by .... [*maximum 5 weeks after the traineeship*].

**II. RESPONSIBLE PERSONS****Responsible person in the sending institution:**

**Bu kısma Bölüm Erasmus Koordinatörünüzün adını yazınız.**

Name:

Function: Dept. Erasmus Coord.

Phone number:

E-mail:

**Responsible person<sup>3</sup> in the receiving organisation/enterprise (supervisor):**

Name:

Function:

Phone number:

E-mail:

**III. COMMITMENT OF THE THREE PARTIES**

By signing 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 traineeship period.

<b>The trainee ( Bu kısmı imzalayınız.)</b>	
Trainee's signature	Date:
<b>The sending institution ( Bu kısmı,Bölüm Erasmus Koordinatörünüze imzalatınız.)</b>	
Responsible person's signature	Date:
<b>The receiving organisation/enterprise (Bu kısmı, karşı kuruma imzalatınız.)</b>	
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

<b>Planned period of the mobility:</b> from [month/year] ..... till [month/year] .....
<b>Number of working hours per week:</b> ...
<b>Traineeship title:</b> ...
<b>Detailed programme of the traineeship period...</b>
<b>Knowledge, skills and competences to be acquired by the trainee at the end of traineeship ...</b>
<b>Monitoring plan ...</b>
<b>Evaluation plan ...</b>

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

Approval by e-mail or signature from the trainee, the responsible person in the sending institution and the responsible person in the receiving organisation/enterprise.

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

**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:



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## Section to be completed AFTER THE MOBILITY

### TRAINEESHIP CERTIFICATE

**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 and end 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:**

**Date:**

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

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Erasmus+

**Higher Education  
Learning Agreement form  
Student/trainee's name**

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