

## LEARNING AGREEMENT

*The following agreement specifies the contents and conditions for the training period abroad with the purpose of recognition and validation of competences acquired during the mobility period. The agreement clarifies the responsibilities of all the partner institutions involved and the trainee.*

### **The following agreement is signed between:**

#### **THE TRAINEE**

**Contact details:**

First name	
Surname	
Address	
Postal code	
City	
Country	
Phone	
E-mail	
Date of birth	
Nationality	
Training programme	
Further information	

#### **THE SENDING INSTITUTION**

**Contact details:**

Full legal name	
Surname	
Address	
Postal code	
City	
Country	
Phone	
E-mail	
Website	

<b>Contact person:</b>	
First name	
Surname	
Function	
Phone	
E-mail	

**THE HOSTING INSTITUTION**

**Contact details:**

Full legal name	
Surname	
Address	
Postal code	
City	
Country	
Phone	
E-mail	
Website	
<b>Contact person:</b>	
First name	
Surname	
Function	
Phone	
E-mail	

**TRAINING PERIOD ABROAD**

The mobility period takes place	from _____	to _____
Overall duration of the period abroad ( <i>in weeks</i> )		
Daily work and learning time:		

**TRAINING PROGRAMME DURING MOBILITY**

**HOST INSTITUTION**

**Type of institution**

Company:       Training centre: :       VET school: :       Other: :

Full legal name	
Address	
Postal code	
City	
Country	
Phone	
E-mail	
Website	

**TUTOR / TRAINER / TEACHER**

First name	
Surname	
Function	
Phone	
E-mail	

**KNOWLEDGE – SKILLS – COMPETENCES TO BE ACQUIRED BY THE TRAINEE DURING MOBILITY**

Unit / Task	Learning outcome		
	KNOWLEDGE	SKILL	COMPETENCE

**ASSESSMENT AT THE END OF THE MOBILITY PERIOD**

Assessment procedures <i>(including methods, criteria, indicators)</i>		
Person responsible for the assessment of the trainee's performance	<b>First name:</b>	
	<b>Surname:</b>	
	<b>Phone:</b>	
	<b>E-mail:</b>	
Enclosures in appendix <i>(please tick as appropriate)</i>	<input type="checkbox"/> Detailed information on the assessment procedure <input type="checkbox"/> Assessment grid <input type="checkbox"/> Europass Mobility <input type="checkbox"/> Transcript of Record <input type="checkbox"/> Other <i>(please specify)</i>	

**SIGNATURE**

<b>TRAINEE</b>	
Place and date	
Signature	
<b>SENDING INSTITUTION</b>	
Date	
Signature	
<b>HOSTING INSTITUTION</b>	
Place and date	
Signature	