**LEARNING AGREEMENT FOR TRAINEESHIPS
Kérünk, hogy a PIROS színnel megjelölteket nyomtatás előtt töröld ki!!!!**

**The Trainee hallgató tölti ki / hallgató adatai**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality[[1]](#endnote-2) |  |
| Sex [*M/F*] |  | Academic year | 20../20.. |
| Study cycle[[2]](#endnote-3) |  | Subject area, Code[[3]](#endnote-4) |  |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **SemmelweisUniversity** | Faculty | **hallgató tölti ki** |
| Erasmus code (if applicable) | **HU BUDAPES08** | Department |  |
| Address | 1085 BudapestÜllői út 26 | Country, Country code[[4]](#endnote-5) | **HungaryHU** |
| Contact person name | KatalinF.Tóth | Contact personE-mail / phone | **ftoth.katalin@semmel****weis-univ.hu+36 20 825 98 20** |

**The Receiving Organisation/Enterprise hallgató /fogadó féltől kapott adatok alapján/ tölti ki**

|  |  |  |  |
| --- | --- | --- | --- |
| Name Sector[[5]](#endnote-6) |  | Department |  |
| Address, website |  | Country |  |
| Size of enterprise[[6]](#endnote-7) |  |  |  |
| Contact person[[7]](#endnote-8) name / position |  | Contact persone-mail / phone |  |
| Mentor[[8]](#endnote-9) name / position |  | Mentor e-mail / phone |  |

#### For guidelines, please look at Annex 1, for end notes please look at Annex 2.

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

#### **I. PROPOSED MOBILITY PROGRAMME hallgató tölti ki**

|  |
| --- |
| **Planned period of the mobility**: from [month/year] ….……. till [month/year] …………egy hónap = 31-31 nap NEM 28!!! PL janiár 1-január 31 /január 5-február 4. |
| **Number of working hours per week:** …heti 40 óra x a hetek számával |
| **Traineeship title:** … |
| **Detailed programme of the traineeship period**… írd be röviden, amit a hatod eves leírás tartalmaz! |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship** …Írd le, mit vársz ettől az úttól? (nyelvtudás fejlődése, személyi és szakmai fejlődés, stb) |
| **Monitoring plan** … |
| **Evaluation plan**  … |

|  |
| --- |
| **Language competence of the trainee csak azt írd be, amiről nyelvvizsgapapírod van** The level of language competence[[9]](#endnote-10) 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** Dékáni hivatal

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.]*

|  |
| --- |
| 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 🞏
 |

|  |
| --- |
| 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. Yes 🗷 No 🞏
* 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 kérdezz rá a fogadó félnél, illetve kérd meg őket, töltsék ki!!**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[[10]](#endnote-11) in the sending institution:** Name: **Dr. Kellermayer Miklós** Function: Vice DeanName: **F.Tóth Katalin** Function: institutional Erasmus coordinatorPhone number:+36 20 825 98 20 E-mail: Erasmus@semmelweis-univ.hu |
|  |

|  |
| --- |
| **Responsible person[[11]](#endnote-12) in the receiving organisation/enterprise (supervisor):fogadó fél által megadott adatok alapján töltsd ki ( beírhatod azt, akivel levelezel)** 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.

|  |
| --- |
| **The trainee Írd alá!**Trainee’s signature Date:  |
| **The sending institution hozd be hozzánk aláírásra!**Responsible person’s signature Date: Responsible person’s signature Date:  |
| **The receiving organisation/enterprise** Responsible person’s signature Date:  |

**Section to be completed DURING THE MOBILITY**

#### **EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENTFogadó fél jogosult kitölteni ha már kint vagy**

#### **I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

|  |
| --- |
| **Planned period of the mobility**: from [month/year] ….……. till [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** … |
| **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.

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:  |

**Section to be completed AFTER THE MOBILITY**

#### **TRAINEESHIP CERTIFICATE Fogadó fél jogosult kitölteni/ e nélkül haza se gyere!!!!**

|  |
| --- |
| **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:**

####

1. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-2)
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) – for recent graduates, specify the latest study cycle.

 [↑](#endnote-ref-3)
3. 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-4)
4. **Country code**: ISO 3166-2 country codes available at: https://www.iso.org/obp/ui/#search. [↑](#endnote-ref-5)
5. The list of top-level **NACE sector codes** is available at:

<http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN>. [↑](#endnote-ref-6)
6. The size of the enterprise could be, for instance, 1-50 / 51-500 / more than 500 employees. [↑](#endnote-ref-7)
7. **Contact person**: a person who can provide administrative information within the framework of Erasmus traineeships. [↑](#endnote-ref-8)
8. **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-9)
9. For the Common European Framework of Reference for Languages (**CEFR**) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#endnote-ref-10)
10. **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. [↑](#endnote-ref-11)
11. **Responsible person in the receiving organisation (supervisor)**: this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate.

 [↑](#endnote-ref-12)