

Participant's name

## Mobility Agreement Student Mobility for Traineeships/Research

### General information

<https://tinyurl.com/yjrhddxp>

<https://tinyurl.com/bdf48x2k>

|                                    |                       |               |                    |                          |                      |  |                                 |
|------------------------------------|-----------------------|---------------|--------------------|--------------------------|----------------------|--|---------------------------------|
| Student                            | Last name(s)          | First name(s) | Date of birth      | Nationality <sup>1</sup> | Gender [Male/Female] | Level of education (EQF level) <sup>2</sup>                                      | Field of education (ISCED code) |
|                                    |                       |               |                    |                          |                      |  |                                 |
| Sending Institution                | Name                  |               | Faculty/Department | City                     | Country              | Contact person <sup>4</sup> name; position; email                                |                                 |
|                                    | Semmelweis University |               |                    | Budapest                 | Hungary              | Semmelweis University<br>International Mobility Office<br>pannonia@semmelweis.hu |                                 |
| Receiving Institution/Organisation | Name                  |               | Faculty/Department | City                     | Country              | Contact person <sup>5</sup> name; position; email                                |                                 |
|                                    |                       |               |                    |                          |                      |  |                                 |

### Before the mobility

Please mark with an X what type of mobility you are going on.

|  |   |
|--|---|
| <i>Table A - Mobility Programme at the Receiving Institution/Organisation</i>  |   |
| Planned period of the mobility: <b>mobility start and end dates WITHOUT TRAVEL DAYS</b>  |   |
| Type of mobility:  | Traineeship <input type="checkbox"/> Research <input type="checkbox"/>        |
| Traineeship title: <i>Please enter the name/title of the traineeship here.</i>   | Research title/goal: <i>Please enter the title/name of the research here.</i> |
| Number of working hours per week:  |   |
| Detailed programme of the mobility:<br><i>Please describe the traineeship or research topic here in 3–4 sentences.</i>   |   |
| Knowledge, skills and competences to be acquired by the end of the mobility (expected learning outcomes):<br><i>Please describe in 3–4 sentences what knowledge you will have gained by the end of the traineeship or research, and what results are expected to be achieved.</i>  |   |
| Monitoring plan: <i>Please describe the planned schedule and programme of the traineeship or research here.</i>  |   |
| Evaluation plan: <i>Please describe here what kind of evaluation will be made at the end of the mobility and who will prepare this evaluation.</i>   |   |
| The level of language competence <sup>6</sup> in _____ [indicate here the main language of work/research] that the student already has or agrees to acquire by the start of the mobility period is:<br><div style="text-align: center;">A1 <input checked="" 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"/></div> |   |

In the case of a traineeship, it must always be 40 hours; it cannot be less.

**Table B - Sending Institution**

Please use only one of the following three boxes: <sup>7</sup>

1. The [traineeship][KF1]/research is **embedded in the curriculum** and upon satisfactory completion of the mobility, the institution undertakes to:

|  |   |
|--|---|
| Award ..... ECTS credits (or equivalent) <sup>8</sup>  | Give a grade based on: Traineeship/Research certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/> |
| Record the mobility in the student's Transcript of Records and Diploma Supplement (or equivalent). |   |

2. The [traineeship][KF2]/research is **voluntary** and, upon satisfactory completion of the mobility, the institution undertakes to:

|  |  |
|--|--|
| Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>                         | If yes, please indicate the number of credits: ....  |
| Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>   | If yes, please indicate if this will be based on: Traineeship/Research certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/> |
| Record the mobility in the student's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Record the mobility in the student's Diploma Supplement (or equivalent).   |  |

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): Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please indicate the number of credits: .... |
|--|---|

**Accident insurance for the student (applicable only in case of traineeship)**

|  |  |
|--|--|
| The sending institution will provide an accident insurance to the trainee (if not provided by the Receiving Institution/Organisation):<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | The accident insurance covers:   |
|  | - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/><br>- accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The sending institution will provide a liability insurance to the trainee (if not provided by the Receiving Institution/Organisation): Yes <input type="checkbox"/> No <input type="checkbox"/>    |  |

You must always complete either point 1 or point 2. The mobility must always result in credits. The only exception is post-graduation traineeship, where credits are not required.

Taking out insurance is mandatory, therefore completing this field is also mandatory.

**Table C - Receiving Institution/Organisation (applicable only in case of traineeship)**

|   |  |
|---|--|
| The Receiving Institution/Organisation will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>                              | If yes, amount (EUR/month):<br>.....   |
| The Receiving Institution/Organisation 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 Institution/Organisation will provide an accident insurance to the trainee (if not provided by the sending institution): Yes <input type="checkbox"/> No <input type="checkbox"/> | The accident insurance covers:<br>- accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/><br>- accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The Receiving Institution/Organisation will provide a liability insurance to the trainee (if not provided by the sending institution): Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| The Receiving Institution/Organisation will provide appropriate support and equipment to the trainee.   |  |
| Upon completion of the traineeship, the Receiving Institution/Organisation undertakes to issue a traineeship certificate within 5 weeks after the end of the traineeship.                       |  |

By signing this document, the student, the sending institution and the receiving institution or organisation confirm that they approve the learning agreement and that they will comply with all the arrangements agreed by all parties. The student and the receiving institution or organisation will communicate to the sending institution any problem or changes regarding the mobility period.

| Commitment   | Name  | Email                                     | Position       | Date | Signature |
|--|---|---|----------------|------|-----------|
| Student  | <b>Participant's name</b>                         | <b>Participant's email</b>                | <i>Student</i> |      |           |
| Responsible person <sup>9</sup> at the sending institution                 | Krisztina Fodor                                   | pannonia@semmelweis.hu                    | Head of Office |      |           |
| Responsible person at the Sending Institution                              | <b>Name of the Dean of the respective Faculty</b> | <b>Dean's e-mail</b>                      |                |      |           |
| Responsible person <sup>10</sup> at the receiving institution/organisation | <b>Responsible person at the receiving Inst.</b>  | <b>Receiving responsible person email</b> |                |      |           |