

ERASMUS TRAINING CONTRACT

Learning agreement for traineeships

About the Trainee

Last name		First name	
Date of birth		Field of education ¹	
Sex	M F	Study cycle	Bachelor Master Doctorate
Phone		E-mail	

About Linköping University, the Sending Organisation

Erasmus code	S LINKOPI01	Faculty	
Address		Country	SWEDEN
Contact person's name			
Contact person's e-mail / phone			

About the Receiving Organisation/Enterprise

Name		Department	
Website		Country	
Address		Size	< 250 employees > 250 employees
Contact person's ² name and position			
Contact person's e-mail / phone			

Please note that all trainees **except for recent graduates** are covered by Student-UT, an insurance covering personal injury, emergency medical care, emergency dental care and liability. For detailed information on the insurance coverage, see the Legal, Financial and Administrative Services Agency, [Kammarkollegiet](http://www.kammarkollegiet.se).

¹ To find your **field of education**, please see the ISCED-F 2013 search tool available at http://ec.europa.eu/education/tools/isced-f_en.htm

² **Contact person at the receiving institution:** a person who can provide administrative information related to the traineeship.

Language competence of the trainee

The level of language competence³ 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 Native speaker

Proposed traineeship programme

Planned period of the mobility: from [DD/MM/YY]to [DD/MM/YY]

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:

³ A description of the **European Language Levels** (CEFR) is available at: <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

To be filled in by the receiving organisation/enterprise:

The receiving organisation will provide financial support to the trainee for the 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 provided with an accident insurance by the receiving organisation?

Yes No

If yes, does it cover:

- accidents during travels made for work purposes? Yes No
- accidents on the way to work and back from work? Yes No
- liability? Yes No

The receiving organisation will provide appropriate support and equipment to the trainee.

Upon completion of the traineeship, the organisation undertakes to issue a Traineeship Certificate within five weeks after the end of the traineeship, for example, but not necessarily, written on the Traineeship Certificate form included in this document.

To be filled in by Linköping University:

[Please fill in only one of the following three boxes depending on traineeship type.]

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 upon request.

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 credits:

If yes, give a grade 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, except if the trainee is a recent graduate.
- Record the traineeship in the trainee's Europass Mobility Document upon request.

Yes No

The traineeship is carried out by a recent graduate and upon satisfactory completion of the traineeship, the institution undertakes to:

- Record the traineeship in the trainee's Europass Mobility Document upon request.

Commitment of the three parties

By signing this document, the trainee, the sending organisation and the receiving organisation confirm that they approve the proposed Training Contract and that they will comply with all the arrangements agreed by all parties.

The trainee and receiving organisation will communicate to the sending institution any problem or changes regarding the traineeship period.

The sending organisation and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The sending organisation undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

The trainee

Signature

Date

The receiving organisation/enterprise

Responsible person (trainee supervisor):

Function:

E-mail:

Signature

Date

Linköping University

Responsible person:

Function:

Phone number:

E-mail:

Signature

Date

In case of exceptional changes to the original Training Contract during the mobility, the trainee has to get approval by e-mail from the responsible person in the receiving organisation/enterprise as well as the responsible person at Linköping University. A copy of the e-mail approvals has to be sent to erasmusstipendium@liu.se. An exceptional change could for example be a prolongation of the traineeship, a major change of traineeship tasks or new responsible persons.

TRAINEESHIP CERTIFICATE

Name of the trainee:
Name of the receiving organisation/enterprise:
Sector of the receiving organisation/enterprise:
Address and website of the receiving organisation/enterprise:
Start and end date of the traineeship: from [DD/MM/YY]..... to [DD/MM/YY]
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:

Please send the training certificate to the trainee and to erasmusstipendium@liu.se