

Trainee	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
	Corrigox	Susanne	27/10/1989	Sweden	M	Bachelor or equivalent first cycle (EQF 6)	Fisheries/0831
Sending Institution	Name	Faculty / Department	Erasmus code (if applicable)	Address	Country	Contact person name ; email; phone	
	HOGSKOLAN DALARNA	Media	S FALUN01	, Falun, 791 88, Sweden	Sweden / SE	Susanne Corrigox / sco@du.se / +4623778153	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person name; position; email; phone	Mentor name; position; email; phone
	Company Name	N/A	Address / www.xxx.nu	Austria / AT	< 250 employees	Contact person / position / abc@hmail.com /	Mentor at work place / position / def@hotmail.com /

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise	
Planned period of the mobility: from [month/year] 06/2021 to [month/year] 10/2021	
Traineeship Title: Title	Number of working hours per week: 35
Detailed programme of the traineeship: Tasks/deliverables to be carried out by the trainee, with their associated timing	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes): Knowledge, intellectual and practical skills and competences (Learning Outcomes) will be acquired by the end of the traineeship, e.g. academic, analytical, communication, decision-making, ICT, innovative and creative, strategic-organisational, and foreign language skills, teamwork, initiative, adaptability, etc.	
Monitoring plan: How and when the trainee will be monitored during the traineeship	
Evaluation plan: Assessment criteria that will be used to evaluate the traineeship and the learning outcomes.	

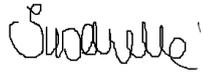
The level of **language competence in English** that the Trainee already has or agrees to acquire by the start of the study period is: C1

Table B - Sending Institution	
Chosen option: 2. The traineeship is voluntary and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> - No <input checked="" type="checkbox"/>	If yes, please indicate the number of credits: 0
Give a grade: Yes <input type="checkbox"/> - No <input checked="" type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> - Final report <input type="checkbox"/> - Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records: Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/>	
Accident insurance for the trainee	
The Sending Institution will provide financial support to the trainee for the traineeship: Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/>
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/>	

Table C - Receiving Organisation/Enterprise	
The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> - No <input checked="" type="checkbox"/>	If yes, amount (EUR/month): 0
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please specify:	
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> - No <input checked="" type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> - No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> - No <input type="checkbox"/>
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> - No <input checked="" type="checkbox"/>	
The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.	
Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.	

Commitment

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the 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 Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries).

Commitment	Name	Email	Position	Date	Signature
Trainee	Susanne Corrigox	sco@du.se	Trainee	2020-11-04	
Commitment	Name	Email / Phone	Position	Date	Signature
Responsible person at the Sending Institution	Susanne Corrigox	sco@du.se / +4623778153	Coordinator of International Affairs	2020-11-04	
Supervisor at the Receiving Organisation	Contact person	abc@homail.com / -	position		