|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee** | **Last name(s)** | **First name(s)** | **Date of birth** | **Nationality**[[1]](#endnote-1) | **Sex [M/F]** | **Study cycle**[[2]](#endnote-2) | **Field of education**[[3]](#endnote-3) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
| **Sending Institution** | **Name** | **Address** | **Country** | **Contact person’s name**[[4]](#endnote-4) |
| University of Iceland | Saemundargata 2, 101 Reykjavík  | Iceland | Nanna Teitsdóttir  |
| **Faculty /department** | **website** | **Erasmus code**[[5]](#endnote-5) | **Contact person’s e-mail**  |
|  | http://english.hi.is/ | IS REYKJAV01 | traineeships@hi.is |
|  |  |  |  |  |
| **Receiving** **Organisation/Enterprise** | **Name** | **Address** | **Country** | **Contact person’s name6** |
|  |  |  |  |
| **Department** | **website** | **Size** | **Contact person’s e-mail** |
|  |  | [ ]  < 250 employees[ ]  > 250 employees |  |
| **Before the mobility****Table A - Traineeship Programme at the Receiving Organisation/Enterprise** |
| **Academic Year:** |  | **Start date (dd/mm/yy):** |  | **End date (dd/mm/yy)** |  |
| **Traineeship title:** |  | **Number of working hours per week:** |  |
| **Detailed programme** **of the traineeship:** |  |
| **Knowledge, skills and** **competences to be** **acquired by the end of** **the traineeship** **(expected Learning** **Outcomes):** |  |
| **Monitoring plan:** |  |
| **Evaluation plan:** |  |
|  |

|  |  |  |
| --- | --- | --- |
| The trainees level of **language competence[[6]](#endnote-6)** in  |  | *which will be the main language of work* |
| is: | *A1* [ ]  *A2* [ ]  *B1* [ ]  *B2* [ ]  *C1* [ ]  *C2* [ ]  *Native speaker* [ ]  |

**Table B – Sending Institution**

*Please use only one of the following three options*

|  |  |
| --- | --- |
| [ ]   | The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to: |
| Award how many ECTS : |  | Awarded on the base of (select one or more): | Traineeship certificate [ ]  Final report [ ]  Interview [ ]    |
| How will the ECTS be recorded in the trainee’s Transcript of Records: | (Name of course/courses) |
| [ ]   | 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, how will the ECTS be recorded in the trainee’s Transcript of Records: | (Name of course/courses) |
| Record the traineeship in the trainee's Transcript of Records: | Yes ☐ No ☐ |
| Record the traineeship in the trainee's Diploma Supplement: | Yes ☐ No ☐ |
| Record the traineeship in the trainee's Europass Document: | Yes ☐ No ☐ |
| [ ]  | The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to: |
| Award ECTS credits:  | Yes [ ]  No [ ]   | If yes, please indicate the number of credits: |  |
| Record the traineeship in the trainee's Europass Document: | Yes ☐ No ☐ |
|  |
| **Accident and liability insurance for the trainee**  |
| The Sending Institution will assure that the trainee has an accident insurance (if not provided by the Receiving Organisation/Enterprise): | Yes [ ]  No [ ]  |
| The Sending Institution will assure that the trainee has liability insurance (if not provided by the Receiving Organisation/Enterprise): | Yes [ ]  No [ ]  |

***Table C - Receiving Organisation/Enterprise***

|  |  |  |  |
| --- | --- | --- | --- |
| The Receiving Org./Enterprise will provide **financial support** to the trainee for the traineeship:  | Yes [ ]  No [ ]   | If yes, amount per month |  € |
| The Receiving Organisation/Enterprise will provide a **contribution in kind** to the trainee for the traineeship:  | Yes [ ]  No [ ]   |
| If yes, please specify: |  |
| The Receiving Organisation/Enterprise will provide an **accident insurance** to the trainee (if not 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 [ ]  |
| The Receiving Organisation/Enterprise will provide a **liability insurance** to the trainee (if not provided by the Sending Institution):  | Yes [ ]  No [ ]  |
| **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.** |

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** | **Signatures** |
| Trainee |  |  |  |  |  |
| Responsible person[[7]](#endnote-7)at the Sending Institution |  |  |  |  |  |
| International Coordinator[[8]](#endnote-8) at the SendingOrganisation |  |  |  |  |  |
| Supervisorat the ReceivingOrganisation9 |  |  |  |  |  |

**During the Mobility**

|  |
| --- |
| ***Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise***(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise) |
| Academic Year: |  | Start date (dd/mm/yy): |  | End date (dd/mm/yy) |  |
| Traineeship title: |  | Number of working hours per week: |  |
| Detailed programme of the traineeship: |  |
| Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes): |  |
| Monitoring plan: |  |
| Evaluation plan: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Commitment*** | ***Name*** | ***Email*** | ***Position*** | ***Date*** | ***Signatures*** |
| *Trainee* |   |  |  |  |  |
| *Responsible person7 at the**Sending Institution* |   |   |   |   |  |
| *International coordinator at the sending Institution*8 |   |   |   |   |  |
| *Responsible person at the Receiving Institution9* |   |   |   |   |  |

**After the Mobility / TRAINEESHIP CERTIFICATE**

|  |
| --- |
| ***Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **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 date and end date of traineeship: from [day/month/year] …………………. to [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 (achieved Learning Outcomes):**  |
| **Evaluation of the trainee (TO BE COMPLETED BY THE SUPERVISOR at the Receiving Organisation/ Enterprise):**  |
| **Number of ECTS Credits awarded (if any):** |
| **Date:** |
| **Name and signature of the Supervisor 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-1)
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). [↑](#endnote-ref-2)
3. **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/international-standard-classification-of-education-isced_en) available at http://ec.europa.eu/education/international-standard-classification-of-education-isced\_en 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-3)
4. **Contact person at the sending institution**: a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution. [↑](#endnote-ref-4)
5. **Erasmus code**: a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries. [↑](#endnote-ref-5)
6. **Level of language competence**: a description of the European Language Levels (CEFR) is available at: <https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#endnote-ref-6)
7. **Responsible person at 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. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document. [↑](#endnote-ref-7)
8. **International Coordinator at the Sending Organisation**: The International coordinator at your School or faculty that can confirm the signature of the responsible academic

9 **Supervisor at the Receiving Organisation**: this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate. The name and email of the Supervisor must be filled in only in case it differs from that of the Contact person mentioned at the top of the document. [↑](#endnote-ref-8)