

LEARNING AGREEMENT

STUDENT MOBILITY FOR TRAINEESHIPS

The Student

First name (s)		Gender	
and Last name (s)		Nationality	
Date of birth		Phone	
Study cycle	Bachelor Master	E-mail	
	Staatsex. PhD		
Field of study			
(name)			
Code:1			

The Sending institution: Rheinische Friedrich-Wilhelms-Universität Bonn, Germany, D BONN01

Faculty	Department	
Address	Country Code	Germany DE
ERASMUS departmental coordinator/contact person	Phone E-mail	+49 (0)

The Receiving organisation/enterprise:

Country Country Code Department	_	
Address & website	Size	□ <250 employees □ >250 employees
Contact person	Phone	
Name &		
position	E-mail	
Mentor	Phone	
Name &		
position	E-mail	

¹ Eine Übersicht der Erasmus-Fachcodes finden Sie unter <u>www.uni-bonn.de/erasmus-praktikum</u> \rightarrow Vor dem Aufenthalt



Section to be completed BEFORE THE MOBILITY

TABLE A – Traineeship Programme at the Receiving Organisation/Enterprise

Planned period of the physical	mobility:
from[day/month/year]	to [day/month/year]
If applicable, planned period of	f the virtual mobility:
from[day/month/year]	to [day/month/year]
Traineeship title:	
Number of working hours per v	veek:
Traineeship in digital skills ² : Ye Knowledge, skills and compete outcomes):	es No Kernes to be acquired by the end of the traineeship (expected learning
Monitoring plan:	
Evaluation plan:	

² Traineeship in digital skills: any traineeship where trainees receive training and practice in at least one or more of the following activities: digital marketing (e.g. social media management, web analytics); digital graphical, mechanical or architectural design; development of apps, software, scripts, or websites; installation, maintenance and management of IT systems and networks; cybersecurity; data analytics, mining and visualisation; programming and training of robots and artificial intelligence applications. Generic customer support, order fulfilment, data entry or office tasks are not considered in this category.



Higher Education Learning Agreement for Traineeships form Name of trainee

TABLE B – Sending Institution

The University of Bonn

The University of Bonn undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

Please use only one of the following boxes :

1) Das Praktikum ist ein **Pflichtpraktikum**:

The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the University of Bonn undertakes to:

- Award ECTS credits (or equivalent)
- 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 and Diploma Supplement (or equivalent)
- Record the traineeship in the trainee's Europass Mobility Document: No

2) Das Praktikum ist ein **freiwilliges** Praktikum:

The traineeship is **voluntary** and upon satisfactory completion of the traineeship, the University of Bonn 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 \Box No \Box
- Record the traineeship in the trainee's Diploma Supplement (or equivalent)
- Record the traineeship in the trainee's Europass Mobility Document: No

3) Das Praktikum findet im ersten Jahr nach Abschluss des Studiums statt (Graduiertenförderung):

The traineeship is carried out by a <u>recent graduate</u> and, upon satisfactory completion of the traineeship, the University of Bonn undertakes to :

- Award ECTS credits: Yes □ No □
 If yes, please indicate the number of ECTS credits:
- Record the traineeship in the trainee's Europass Mobility Document: No

Accident and liability insurance for the trainee

- The sending institution will provide an accident insurance to the trainee: No
- The sending institution will provide liability insurance to the trainee: No



TABLE C – Receiving Organisation/Enterprise

- The receiving organisation/enterprise will provide financial support to the trainee for the traineeship : Yes □ No □ If yes, amount (EUR/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: 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: Yes D No D
- 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 OF THE PARTIES

By signing this document, the trainee, the University of Bonn 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 University of Bonn any problem or changes regarding the traineeship period.

The University of Bonn 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			Trainee		
Responsible person ³ at the receiving organisation					
Responsible person ⁴ at the University of Bonn					
Erasmus Departmental Coordinator (if applicable)					

³Supervisor at the receiving institution: 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.

⁴**Responsible person at the University of Bonn:** this person is responsible for signing the learning agreement, amending it if needed and if the beneficiary organisation is not the sending institution, is responsible for 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 responsible person at the beneficiary organisation.



Section to be completed DURING THE MOBILITY

CHANGES TO THE ORIGINAL TRAINEESHIP PROGRAMME

TABLE A2 - Exceptional Changes to the Traineeship Programme at the **Receiving Organisation/Enterprise**

Planned period of the mobility:	
from [day/month/year]	till [day/month/year]
If applicable, planned period(s) of t	he virtual mobility:
from [day/month/year]	till [day/month/year]
Traineeship title:	
Number of working hours per wee	k:
Detailed programme of the trainee	eship period (including the virtual component, if applicable):
Knowledge, skills and competence learning outcomes):	s to be acquired by the trainee at the end of the traineeship (expected
Monitoring plan:	
Evaluation plan:	

Changes in the responsible person(s), if any:

New responsible person in the University of Bonn				
Name:	Function:			
Phone number:	E-mail:			
New mentor/responsible person in the receiving organisation/enterprise:				
Name:	Function:			
Phone number:	E-mail:			



COMMITMENT OF THE PARTIES

The trainee, the University of Bonn 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. **Scans are accepted.**

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person at the receiving organisation					
Responsible person at the University of Bonn					
Erasmus departmental coordinator (if applicable)					