

The Trainee

Last name (s)		First name (s)	
Date of birth		Nationality ¹	
Sex [M/F]		Academic year	2018/2019
Study cycle ²		Field of education ³	
Phone		E-mail	

Z komentarzem [u1]: Kod ISCED znajdziesz na stronie BWZ: http://bwz.uw.edu.pl/wp-content/uploads/2015/06/KODY_DZIEDZIN_BWZ4.pdf

The Sending Institution

Name	University of Warsaw	Faculty	
Erasmus code ⁴ (if applicable)	PL WARSZAW01	Department	
Address		Country	PL
Contact person name ⁵		Contact person E-mail / phone	

Z komentarzem [u2]: Koordynator Erasmus jednostki macierzystej

Z komentarzem [u3]: E-mail i telefon do Koordynatora Erasmus z jednostki macierzystej

The Receiving Organisation/Enterprise

Name		Department	
Address, website, type and symbol of organisation		Public organisation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Non profit: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Country		Size	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees
Contact person ⁶ name / position		Contact person e-mail / phone	
Mentor ⁷ name / position		Mentor e-mail / phone	

Z komentarzem [u4]: Należy wpisać adres instytucji przyjmującej, adres strony www, symbol typu organizacji – wykaz typów organizacji na stronie: http://bwz.uw.edu.pl/wp-content/uploads/2015/06/Typy_organizacji.pdf

Z komentarzem [u5]: Imię i nazwisko osoby kontaktowej wraz z jej stanowiskiem

Z komentarzem [u6]: E-mail i telefon do osoby kontaktowej w instytucji przyjmującej

Z komentarzem [u7]: Imię i nazwisko mentora wraz ze stanowiskiem

Z komentarzem [u8]: E-mail i telefon do mentora w instytucji przyjmującej

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise

Planned period of the mobility: from [day/month/year] to [day/month/year]	
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 level of language competence ⁸ in [indicate here the main language of work] that the trainee already has or agrees to acquire by the start of the mobility period is: A1 <input 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"/>	

Z komentarzem [u9]: Dаты практык, т.е. работы выполняемой в институте принимающей. Даты практик не są датами подорожы.

Z komentarzem [u10]: Liczba godzin zgodna z prawem pracy kraju, do którego student wyjeżdża na praktykę. Praca w pełnym wymiarze godzin

Z komentarzem [u11]: Plan monitorowania powinien wskazywać, w jaki sposób i kiedy będą sprawdzane postępy praktyki przez: przedsiębiorstwo/organizację przyjmującą podczas jej trwania, uczelnię wysyłającą (Koordynator Erasmus z macierzystej jednostki) podczas jej trwania, inną (zewnętrzną) instytucję podczas jej trwania, jeżeli tak zostanie postanowione

Z komentarzem [u12]: Należy podać na jakiej podstawie będą oceniane efekty praktyki, w tym jakie czynniki/kryteria będą zastosowane do oceny przebiegu praktyki

Z komentarzem [u13]: Należy wpisać uzgodniony zalecany poziom biegłości językowej w zakresie głównego języka, którym praktykant będzie posługiwał się w pracy.

Table B - Sending Institution

Please use only one of the following three boxes:⁹

1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent) ¹⁰	Give a grade 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 and Diploma Supplement (or equivalent). Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Z komentarzem [u14]: Należy wypełnić gdy praktyka jest integralną częścią programu kształcenia

Z komentarzem [u15]: Praktyka powinna zostać dopisana do toku studiów, tj. znaleźć się co najmniej w suplemencie do dyplomu

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 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 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 type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent). Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Z komentarzem [u16]: Należy wypełnić gdy praktyka nie jest obowiązkowa dla kierunku studiów

Z komentarzem [u17]: Praktyka powinna zostać dopisana do toku studiów, tj. znaleźć się co najmniej w suplemencie do dyplomu

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 checked="" type="checkbox"/>	If yes, please indicate the number of credits:
Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Z komentarzem [u18]: Należy wypełnić w przypadku wyjazdu na praktykę absolwentką

Accident insurance for the trainee

Is the trainee covered by the accident insurance (if not provided by the Receiving Organisation/Enterprise)? Yes <input type="checkbox"/> No <input type="checkbox"/> If, yes the accident insurance is provided by: - the sending institution: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - the trainee: 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"/>
Is the trainee covered by the liability insurance (if not provided by the Receiving Organisation/Enterprise)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If, yes the liability insurance is provided by: - the sending institution: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - the trainee: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Z komentarzem [u19]: Należy wypełnić gdy pracodawca nie zapewnia praktykantowi ubezpieczenia

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 type="checkbox"/>	If yes, amount (EUR/month):
The Receiving Organisation/Enterprise 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 Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution or the trainee): 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"/> - 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 or the trainee): Yes <input type="checkbox"/> No <input 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.	

Z komentarzem [u20]: Tabela, którą powinien wypełnić pracodawca.

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 and stamp or seal
Trainee			Trainee		
Responsible person ¹¹ at the Sending Institution					

Z komentarzem [u21]: Podpis wraz z pieczętką Koordynatora Erasmus z macierzystej jednostki



Learning Agreement Student Mobility for Traineeships

Higher Education:
Learning Agreement form
Student's name

Academic Year 2018/2019

Supervisor ¹² at the Receiving Organisation				
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Z komentarzem [u22]: Podpis wraz z pieczęcią firmową instytucji przyjmującej

- ¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.
- 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).
- ³ **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at http://ec.europa.eu/education/tools/isced-f_en.htm 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.
- ⁴ **Erasmus code:** a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (EICHE) receives. It is only applicable to higher education institutions located in Programme Countries.
- ⁵ **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.
- ⁶ **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus traineeships.
- ⁷ **Mentor:** the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.
- ⁸ **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>
- ⁹ **There are three different provisions for traineeships:**
1. Traineeships embedded in the curriculum (counting towards the degree);
 2. Voluntary traineeships (not obligatory for the degree);
 3. Traineeships for recent graduates.
- ¹⁰ **ECTS credits or equivalent:** in countries where the "ECTS" system it is not in place, in particular for institutions located in Partner Countries not participating in the Bologna process, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a we blink to an explanation to the system should be added.
- ¹¹ **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.
- ¹² **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.