



ERASMUS+ LEARNING AGREEMENT FOR VET MOBILITY

I. DETAILS ON THE PARTICIPANT

Name of the participant:
Field of vocational education:
Sending institution (name, address):
Project coordinator sending organisation (name, function, e-mail, tel):

II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD

Receiving organisation (name, address):
Contact Person host organisation (name, function, e-mail, tel):

Planned dates of start and end of the placement period:

Learning Outcomes, Knowledge, skills and/or competences to be acquired: (see attachment description of unit of learning outcomes)
--





Detailed programme of the training period (see attachment "Program planning"):

Tasks of the trainee (to be filled by the hosting organisation): *Example: Expected behaviour, also in line with local culture, engaged attitude, take part in group work, carry out tasks, etc. Include possible consequences of inappropriate behaviour. (for example, sending home students on own costs, withdrawal of subsidy).*

Monitoring and Mentoring of the participant (to be filled by the hosting organisation): *In AgriEcvet the preparation of students starts in the sending organisation with an introduction to the working language, the culture of the host country and rules and regulations concerning subsidies and insurance. During the mobility the hosting organisation is responsible for the daily guidance and learning environment of the students. Conditions of the stay (meals etc.)*

Evaluation and Validation of the training placement (to be filled out by sending organisation): *Evtl certificate, recognition of learning outcomes achieved through the assessment format, evtl Europass.*

III. COMMITMENT OF THE PARTIES INVOLVED

By signing this document, the participant, the sending institution and the receiving organisation (and the intermediary organisation if applicable)* confirm that they will abide by the principles of the Quality Commitment for Erasmus+ VET training placements attached below.

- *Please add a box below for the signature of the intermediary organisation, if applicable*

THE PARTICIPANT

Date:

.....



This project is funded by the European Union



Participant's signature

THE SENDING INSTITUTION

We confirm that this proposed training programme agreement is approved.

Date:

.....

Signature of project coordinator

THE RECEIVING ORGANISATION

We confirm that this proposed training programme is approved.

On completion of the training programme the organisation will issue [Certificate...] to the participant.

Date:

.....

Signature of contact person

