**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality1 |  |
| Sex [*M/F*] | Choose an item | Academic year | 2024/2025 |
| Study cycle2 | Choose an item | Field of education3 |  |
| E-mail campus | | Matriculation number | |

**The Sending Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | UNIVERSITY OF MILANO - BICOCCA | | Erasmus code4 | | I MILANO 16 |
| Department | Choose an item | Degree | |  | |
| Address | Piazza Ateneo Nuovo 1  20126 Milano  Italy | Country | | ITALY | |
| Contact  person  name5 |  | e-mail /  phone | |  | |

**The Receiving Institution/Organisation/Enterprise**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Department  (if applicable) |  | | Erasmus code  (if applicable) | |  |
| Size | Choose an item | | | | |
| Address,  web site |  | Country | |  | |
| Contact person6  Name, position |  | e-mail /  phone | |  | |
| Mentor7 person,  Name, position |  | e-mail /  phone | |  | |

**BEFORE THE MOBILITY**

#### **TABLE A. Mobility project at the Receiving Institution/Organisation/Enterprise**

|  |
| --- |
| **Planned period of the mobility:**  from Choose the date to Choose the date |
| **Number of working hours per week:** |
| **Traineeship title:** |
| **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:  Choose the level |

#### **TABLE B. Sending Institution**

*Please choose only one of the following two boxes9:*

|  |
| --- |
| The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:   * Award enter the number of credits ECTS credits (or equivalent)10. * Give a grade based on: Traineeship certificate **Yes**, Final report **No**, Interview **No** * Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent) **Yes** * Record the traineeship in the trainee's Europass Mobility Document **No** |

|  |
| --- |
| The traineeship is **voluntary** and upon satisfactory completion of the traineeship, the institution undertakes to:   * Award ECTS credits: Choose an item If yes, please indicate the number of ECTS credits: enter the number of credits * Give a grade: Choose an item   If yes, please indicate if this will be based on:  Traineeship certificate Final report **Yes**, Interview **No**   * Record the traineeship in the trainee's Transcript of Records **No** * Record the traineeship in the trainee's Diploma Supplement **Yes** * Record the traineeship in the trainee's Europass Mobility Document **No** |

|  |
| --- |
| The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): **Yes**  The accident insurance covers:  - accidents during travels made for work purposes: **Yes**  - accidents on the way to work and back from work: **Yes**  The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise)? **Yes** |

#### **TABLE C. Receiving Institution/Organisation/Enterprise**

|  |
| --- |
| The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Choose an item  If yes, amount: enter €/month  The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Choose an item If yes, please specify: Specify here  The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Choose an item  The accident insurance covers:  - accidents during travels made for work purposes: Choose an item  - accidents on the way to work and back from work: Choose an item  The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Choose an item  The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.  Upon completion of the traineeship, the Receiving Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship. |

By signing this document, the student, the Sending Institution and the Receiving Institution/ Organisation/Enterprise confirm that they approve the Learning Agreement for Exchange Mobility EXTRA EU and that they will comply with all the arrangements agreed by all parties. The student and Receiving Institution/Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the mobility period.

**COMMITMENT**

|  |
| --- |
| **Trainee**  Name:  Trainee’s email:  Trainee’s signature  Date:Choose the date |

|  |
| --- |
| **Responsible person**11 **at the Sending Institution**  Name:  Position:  Responsible person’s email:  Responsible person’s signature  Date:Choose the date |

|  |
| --- |
| **Supervisor**12 **at the Receiving Organisation/Enterprise**  Name:  Position:  Supervisor’s email:  Supervisor’s signature  Date:Choose the date |

**DURING THE MOBILITY**

#### **TABLE A2. Exceptional Changes to the Mobility project at the Receiving Institution/Organisation/Enterprise**

|  |
| --- |
| **Planned period of the mobility**  from Choose the date till Choose the date |
| **Number of working hours per week:** |
| **Traineeship title:** |
| **Detailed programme of the traineeship period:** |
| **Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes):** |
| **Monitoring plan** |
| **Evaluation plan** |

|  |
| --- |
| **Trainee**  Name:  Trainee’s email:  Trainee's signature or approval by e-mail  Date: Choose the date |

|  |
| --- |
| **Responsible person at the Sending Institution**  Name:  Position:  Responsible person’s email:  Responsible person’s signature or approval by e-mail  Date: Choose the date |

|  |
| --- |
| **Supervisor at the Receiving Organisation/Enterprise**  Name:  Position:  Supervisor’s email:  Supervisor’s signature or approval by e-mail  Date: Choose the date |

**AFTER THE MOBILITY**

**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 the traineeship:**   |  |  | | --- | --- | | Phisycal Mobility (at the host institution) | From | |  | To | |  |  | | Blended Mobility |  | | -phisycal activity (at the host institution in the host country) | From | |  | To | | -virtual activity (in the home country) | From | |  | To | |  |  | |
| **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:** |

|  |  |
| --- | --- |
| **Supervisor at the Receiving Organisation/Enterprise:**  Name:  Function:  Phone number:  E-mail:  Supervisor’s signature: | **Stamp:** |

**The Trainee**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | First name |  |
| Date of birth |  | Nationality |  |
| E-mail campus | | Matriculation number | |

**The Sending Institution**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | UNIVERSITY OF MILANO - BICOCCA | Erasmus code | | I MILANO 16 |
| Address | Piazza Ateneo Nuovo 1  20126 Milano Italy | Country | ITALY | |
| Contact  person |  | e-mail |  | |

**The Receiving Organisation/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Department  (if applicable) |  | Erasmus code  (if applicable) |  |
| Address,  web site |  | Country |  |
| Contact person  Name, position |  | e-mail /  phone |  |

By signing this "Addendum", which is an integral part of the Learning Agreement for…………the parties declare the following:

* The Receiving Institution declares that it has adopted a protocol for the containment of the coronavirus (Covid-19) infection and informs the trainee about this protocol;
* The Receiving Institution is responsible for the correct application of the protocols issued by its competent authorities to protect the trainee's health and safety from coronavirus infection;
* The Receiving Institution commits to inform the trainee of any preventive and safeguarding measures for public health and personal safety required by the state in which the Receiving Institution is located;
* The Receiving Institution, in case of need, commits to provide, where possible, smart working;
* The Receiving Institution commits to immediately notify the trainee of the adoption of more restrictive measures to deal with the coronavirus (Covid-19) infection throughout the Erasmus Traineeship/ Exchange Extra UE;
* The Receiving Institution commits to immediately communicate to the Sending Institution any inappropriate behaviours by the trainee;
* The Trainee commits to respect the protocol and every preventive measure and to safeguard the public health and personal safety required by the destination and the foreign state of which he/she is a guest;
* The trainee is aware that if he/she does not comply with the indicated prevention measures or adopts inappropriate and dangerous sanitary behaviours, he/she will be held personally responsible for the damage caused to him/herself or to others.
* The Sending Institution commits to immediately warn the student who has adopted inappropriate or dangerous behaviours for public health or personal safety and if necessary to recall the trainee back to Italy;
* The Sending and the Receiving Institution commits to provide assistance to the student in the event of an emergency that leads to the blocking of activities and the suspension of departures.

**COMMITMENT**

|  |
| --- |
| **Trainee**  Name:  Trainee’s signature  Date: |

|  |
| --- |
| **Responsible person at the Sending Institution**  Name:  Responsible person’s signature  Date: |

|  |
| --- |
| **Supervisor at the Receiving Organisation/Enterprise**  Name:  Supervisor’s signature  Date: |

**1 Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

**2 Study cycle:** I cycle level= Bachelor or equivalent /II cycle level= Master, single cycle degree or equivalent / III cycle level= Doctorate

**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 Responsible person at the sending institution**: the Departmental Mobility Coordinator, or the thesis supervisor if the EXTRAUE mobility is aimed at preparing the thesis

**5 Responsible person at the receiving institution**: the Departmental Mobility Coordinator, or the thesis supervisor if the EXTRAUE mobility is aimed at preparing the thesis, or the contact person in the company (mentor) if the mobility takes place in a private institution.

**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>