**Erasmus+ Learning Agreement**

**Student Mobility for Traineeships**

**During the Mobility**

**Name of the student……………………………………………………………..**

|  |  |
| --- | --- |
|  | ***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) |
| **Planned period of the mobility: from [month/year] ……………. till [month/year] …………….****If applicable, planned period(s) of the virtual mobility: from [month/year] ……………. to [month/year] …………….** |
| **Traineeship title: …** | **Number of working hours per week: …** |
| **Detailed programme of the traineeship period (including the virtual component, if applicable):** |
| **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** | **Signature** |
| Trainee |   |  | *Trainee* |   |  |
| Responsible person at the Sending Institution |   |   |   |   |  |
| Supervisor at the Receiving Organisation |   |   |   |   |  |