**LEARNING AGREEMENT FOR TRAINEESHIPS**

**The Trainee**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Nationality[[1]](#endnote-1)** |  |
| **Sex [M/F]** |  |
| **Phone / Email** | / |
| **Academic Year** |  |
| **Study cycle[[2]](#endnote-2)** |  |
| **Subject area, Code[[3]](#endnote-3)** |  |

**The Sending Institution**

|  |  |
| --- | --- |
| **Name** | Queen’s University Belfast |
| **Erasmus Code** | UK BELFAST01 |
| **Country, Country code[[4]](#endnote-4)** | UK |
| **Address** | University Road, Belfast, BT7 1NN |
| **Contact Person / Position** | Donna Beckington, Erasmus Institutional Co-ordinator |
| **Department** | Careers, Employability and Skills |
| **Phone / Email** | +44-28-9097 5255 / erasmus@qub.ac.uk |

**The Receiving Organisation/Enterprise**

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Country** |  |
| **Address** |  |
| **Website** |  |
| **Size of enterprise** | Less than 250 employees? Y / N |
| **Contact Person[[5]](#endnote-5) / Position** |  |
| **Department** |  |
| **Phone / Email** |  |
| **Mentor[[6]](#endnote-6) / Position** |  |
| **Department** |  |
| **Phone / Email** |  |

#### For end notes please see Annex 4

#### **Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

|  |
| --- |
| **Planned period of the mobility**: from [month/year] ….……………... until [month/year] ……………….… |
| **Number of working hours per week:** |
| **Traineeship title:** |
| **Detailed programme of the traineeship period:** |
| **Traineeship in digital skills[[7]](#endnote-7)** Yes 🞏 No 🞏 |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship:** |
| **Monitoring plan:** |
| **Evaluation plan:** |

|  |
| --- |
| **Language competence of the trainee**  The level of language competence[[8]](#endnote-8) in ………….. the workplace main language that the trainee already has or agrees to acquire by the start of the mobility period is:  A1 🞏 A2 🞏 B1 🞏 B2 🞏 C1 🞏 C2 🞏 Native speaker 🞏 |

|  |
| --- |
| **The sending institution**  The traineeship is a recognised part of the degree programme and upon satisfactory completion of the traineeship, the institution undertakes to record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).  Insurance provided – please see Annex 1 and the Student Mobility Contract (Grant Agreement) Appendix iv. |

|  |
| --- |
| **The receiving organisation/enterprise**  The receiving organisation/enterprise will provide financial support to the trainee for his/her traineeship: Yes 🞏 No 🞏 If yes, amount in EUR/month: ….  The receiving organisation/enterprise will provide to the trainee a contribution in kind for his/her traineeship: Yes 🞏 No 🞏 If yes, please specify: ….  The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee. Upon completion of the traineeship, the organisation/enterprise undertakes to issue a Traineeship Certificate to the student (see page 5).  Insurance provided – please see Annex 1. |

**II. RESPONSIBLE PERSONS**

|  |
| --- |
| **Responsible person[[9]](#endnote-9) in the sending institution:**  Name: Donna Beckington Function: Erasmus Institutional Co-ordinator  Phone number: +44-28-9097 5255 E-mail: [erasmus@qub.ac.uk](mailto:erasmus@qub.ac.uk) |

|  |
| --- |
| **Responsible person[[10]](#endnote-10) in the receiving organisation/enterprise (supervisor):**  Name: Function:    Phone number: E-mail: |

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed 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 also commit to the conditions set out in the Student Mobility Contract (Grant Agreement).

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

|  |  |
| --- | --- |
| **The trainee**  Trainee’s signature: Date: | |
| **The receiving organisation/enterprise**  Responsible person’s signature: Date: |
| **The sending institution**  Responsible person’s signature: Date: | |

**Annex 1**



**STUDENT PLACEMENT FORM OF INDEMNITY**

In consideration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereafter referred to as the Employer) agreeing to participate in the Student Placement Scheme for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student) arranged by Queens University Belfast and to provide facilities for the student at the times and for the period set out in the attached Student Placement Schedule (including the provision of any protective clothing or equipment which may be necessary) and supervision and to comply with all Health and Safety legislation relating to the workplace, Queens University Belfastwill indemnify the Employer up to a maximum of £10,000,000 for any one occurrence against:-

1. Legal Liability of the Employer to pay damages, including Claimants costs and expenses in respect of Death, Bodily Injury or Disease suffered by a student and caused by an event occurring whilst the student was attending for training, except to the extent that the same is due to any negligence, breach of statutory duty, omission or default of the Employer, his Servants or Agents or of any person for whom the Employer is responsible
2. Legal Liability of the Employer to pay damages, including Claimants costs and expenses in respect of Death or Bodily Injury of any person if such Death or Bodily Injury is caused by a Student whilst attending for training, except to the extent that the same is due to any negligence, breach of statutory duty, omission or default of the Employer, his Servants or Agents or of any person for whom the Employer is responsible.
3. Legal Liability of the Employer to pay damages including Claimants costs and expenses in respect of loss/damaged property if such damage is caused by a Student whilst attending for training, except to the extent that the same is due to any negligence, breach of statutory duty, omission or default of the Employer his Servants or Agents or of any person for whom the Employer is responsible.
4. Any claims costs or expenses arising out of Death, Injury or Damage to property where such claims, costs or expenses arising out of Death, Injury or Damage to property where such claims, costs or expenses result from the negligence of Queens University Belfast.

It is a condition of this indemnity that students will not be permitted to drive, manage, control or move mechanically propelled vehicles of any description and indemnity will not be provided in any cases that arise as a result of a breach of this condition.

*The complete Queen’s University Belfast “Insurance Guide to Student Placements” is available in the Student Mobility Contract (Grant Agreement) issued to the trainee*

*and at www.qub.ac.uk/directorates/FinanceDirectorate/Insurance/StudentWorkPlacements/*

**Annex 1 (cont)**

## Employer’s Statement

Acceptance of Indemnity

Please tick the paragraph below that is applicable to your organisation

I/we confirm that I/we have no insurance in place nor accept any liability as outlined above in respect of this student placement.

I confirm that I/We have Employers and Public Liability Insurance (minimum £5 Million) and am/are satisfied with the indemnity detailed above and in return for receiving an indemnity from Queen’s University Belfast agree to fully co-operate with them in defending any claim that is brought against me/us by the above named student.

I confirm that although we do not have Employers and Public Liability Insurance we are a self-insured public body. We are satisfied with the indemnity detailed above and in return for receiving an indemnity from Queen’s University Belfast agree to fully co-operate with them in defending any claim that is brought against me/us by the above named student.

(European placements only) I confirm that we have duty of civil responsibility and liability in law to comply with occupational health and safety codes of practice. We are satisfied with the indemnity detailed above and in return for receiving an indemnity from Queen’s University Belfast agree to fully co-operate with them in defending any claim that is brought against me/us by the above named student.

(NB: If there is any reason you are not satisfied with the above please contact QUB Insurance Section, tel: +44 28 9097 3022, email: insurance@qub.ac.uk)

#### ***SCHEDULE***

(To be attached to Student Placement Scheme Agreement)

1. Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Employer Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date of Commencement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Termination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Time of Attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Student*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 *For and on behalf of Queen’s University Belfast*

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 *For and on behalf of Employer*

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annex 1 (cont)**

***STUDENT SECTION AND SIGNATURE***

***Please note that where the Placement Provider has stipulated that they have no insurance in place nor accept any liability as outlined in respect of this student placement effectively means you have limited, if any right of recourse against the Placement Provider where they may be deemed to be responsible for causing any personal injury or damage to your property during the course of this placement.***

I have been made aware and understand the legal liability indemnity and insurance position with regard to this placement.

***INTERNATIONAL PLACEMENTS*** - It has also been brought to my attention of the need for me to arrange suitable Travel & Personal Accident Insurance prior to the commencement and for the duration of the trip such as that provided by the cover facility available via Queens University Belfast.

[www.qub.ac.uk/directorates/FinanceDirectorate/AccountingServices/PensionsTaxandInsurance/Insur](http://www.qub.ac.uk/directorates/FinanceDirectorate/AccountingServices/PensionsTaxandInsurance/Insurance/MainInsurancePolicies/TravelInsurance/) [ance/MainInsurancePolicies/TravelInsurance/](http://www.qub.ac.uk/directorates/FinanceDirectorate/AccountingServices/PensionsTaxandInsurance/Insurance/MainInsurancePolicies/TravelInsurance/)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Student*

**Annex 2**

**Section to be completed DURING THE MOBILITY**

#### **ONLY FOR EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

#### **I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

|  |
| --- |
| **Planned period of the mobility: from [month/year]** ….……..……. **till [month/year]** ……..….…… |
| **Number of working hours per week:** |
| **Traineeship title:** |
| **Detailed programme of the traineeship period:** |
| **Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship:** |
| **Monitoring plan:** |
| **Evaluation plan:** |

The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the mobility programme are approved (to be approved by email or signature from the trainee, the responsible person in the sending institution and the responsible person in the receiving organisation/enterprise).

#### **II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:**

|  |
| --- |
| **New responsible person in the sending institution:**  Name: Function:  Phone number: E-mail: |

|  |
| --- |
| **New responsible person in the receiving organisation/enterprise**:  Name: Function:  Phone number: E-mail: |

#### **Annex 3**

**Section to be completed AFTER THE MOBILITY**

#### **TRAINEESHIP CERTIFICATE**

|  |
| --- |
| **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 and end of the traineeship:**  from *[day/month/year]* ……………. till *[day/month/year]* ……………. |

|  |
| --- |
| **Traineeship title:** |

|  |
| --- |
| **Detailed programme of the traineeship period including tasks carried out by the trainee:** |

|  |
| --- |
| **Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):** |

|  |
| --- |
| **Evaluation of the trainee:** |

**Date:**

**Name and signature of the responsible person at the receiving organisation/enterprise:**

**Annex 4**

End Notes

1. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-1)
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) – for recent graduates, specify the latest study cycle.

   [↑](#endnote-ref-2)
3. 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. [↑](#endnote-ref-3)
4. **Country code**: ISO 3166-2 country codes available at: https://www.iso.org/obp/ui/#search. [↑](#endnote-ref-4)
5. **Contact person**: a person who can provide administrative information within the framework of Erasmus traineeships. [↑](#endnote-ref-5)
6. **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. [↑](#endnote-ref-6)
7. **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 the category. [↑](#endnote-ref-7)
8. For the Common European Framework of Reference for Languages (**CEFR**) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#endnote-ref-8)
9. **Responsible person in 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. [↑](#endnote-ref-9)
10. **Responsible person in the receiving organisation (supervisor)**: this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate.

    [↑](#endnote-ref-10)