

TEMPLATE

ATTENZIONE: il modello va compilato esclusivamente con l'ausilio del PC. Non verranno accettati documenti redatti a penna.

Una volta raccolte le 3 firme il documento, ad esclusione delle sezioni during e after the mobility, dovrà essere inviato ai nostri uffici almeno 1 mese prima dell'avvio dello stage, utilizzando esclusivamente il **Form per l'invio dei documenti** che si trova nella pagina web <http://www.unive.it/pag/11694> > INVIO DOCUMENTI ATTIVAZIONE TIROCINIO. Nel form online vi verrà chiesto inoltre di indicare le vostre coordinate bancarie per l'accredito della borsa.

rainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Sex [M/F]	Study cycle ²	Field of education ³
		COGNOME	NOME	DATA DI NASCITA	NAZIONALITA'	SESSO	Indica se BACHELOR/MASTER/DOCTORATE
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Università Ca' Foscari	Settore Career Service e Stage Estero	IVENEZIA01	Dorsoduro, 3246, 30123 Venezia	Italy	Roberta Borgotti erasmus.placement@unive.it , +39 (0)41 - 234 - 7949	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person ⁶ name; position; e-mail; phone	Mentor ⁷ name; position; e-mail; phone
	NOMINATIVO DELL'ENTE	UFFICIO ASSEGNATO	INDIRIZZO COMPLETO + SITO WEB DELL'ENTE	NAZIONE	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees	NOMINATIVO, E-MAIL E RECAPITO TELEFONICO DEL TUTOR AZIENDALE	NOMINATIVO, E-MAIL E RECAPITO TELEFONICO DI UN ULTERIORE REFERENTE IN AZIENDA CHE TI AFFIANCHERA' DURANTE LO STAGE

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: DAI UN TITOLO O UNA PAROLA CHIAVE CHE DESCRIVA IL TUO PROGETTO DI TIROCINIO "AD. ES MARKETING INTERSHIP"	Number of working hours per week: SPECIFICA IL NUMERO DI ORE COMPLESSIVE LAVORATE A SETTIMANA
Detailed programme of the traineeship: DETTAGLIA IL PROGRAMMA DEL TUO TIROCINIO: MANSIONI, ATTIVITA', OBIETTIVI DI LAVORO	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes): DETTAGLIA QUALI NUOVE COMPETENZE, CONOSCENZE, CAPACITA' TI PREFIGGI DI ACQUISIRE DURANTE QUESTO TIROCINIO	
Monitoring plan: DETTAGLIA LE MODALITA' CON LE QUALI L'AZIENDA MONITORERA' IL TUO OPERATO: AD ES. INCONTRI SETTIMANALI, MENSILI, RIUNIONI, RELAZIONI, ETC.	
Evaluation plan: INDICA I CRITERI SULLA BASE DEI QUALI SARAI VALUTATO DALL'ENTE OSPITANTE: AD. ES. OBIETTIVI RAGGIUNTI, ABILITA' ACQUISITE	
The level of language competence ⁸ in LINGUA DICHIARATA IN FASE DI CANDIDATURA [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"/>	

Table B - Sending Institution

Please use only one of the following 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	
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	

2. 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): No	
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Accident insurance for the trainee

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): 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 Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input type="checkbox"/>	

Table C - Receiving Organisation/Enterprise

PRIMA DI COMPILARE VERIFICATE CON L'ENTE QUESTE INFORMAZIONI.

VI VERRA' RICHiesto DI INDICARE SE L'ENTE VI FORNISCE:

- **UN ULTERIORE COMPENSO ECONOMICO**
- **ULTERIORI CONTRIBUTI (AD ESEMPIO BUONI PASTO, MENSA, ABBONAMENTO MEZZI DI TRASPORTO)**
- **UN'ASSICURAZIONE AGGIUNTIVA OLTRE A QUELLA DI CA' FOSCARI PER INFORTUNIO SUL LAVORO E RESPONSABILITA' CIVILE**

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): 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): 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.	

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
Trainee			Trainee		
Responsible person ¹¹ at the Sending Institution			TUTOR UNIVERSITARIO		
Supervisor ¹² at the Receiving Organisation			TUTOR AZIENDALE		

DA COMPILARE DURANTE LA MOBILITA'

SOLO SE DURANTE LA MOBILITA' DOVESSERO CAMBIARE IL PERIODO, LE ATTIVITA', LA PERSONA DI RIFERIMENTO

During the Mobility

<p><i>Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise</i> (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)</p> <p>Planned period of the mobility: from [month/year] till [month/year]</p>	
Traineeship title: ...	Number of working hours per week: ...
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:	

DA COMPILARE A FINE MOBILITA' E DA CONSEGNARE IN ORIGINALE AL TERMINE DELLO STAGE (Attenzione: verificate che il vostro tutor aziendale sia presente gli ultimi giorni di stage per la firma)

After the Mobility

<i>Table D - Traineeship Certificate by the Receiving Organisation/Enterprise</i>
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 traineeship: from [day/month/year] to [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 (achieved Learning Outcomes):
Evaluation of the trainee:

Date:

Name and signature of the Supervisor at the Receiving Organisation/Enterprise:

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- 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/international-standard-classification-of-education-isced_en) available at http://ec.europa.eu/education/international-standard-classification-of-education-isced_en 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 (ECHE) 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. 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 weblink 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.