



GENERAL INFORMATION

Applicant	Last name(s)			
	First name(s)		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of birth		Nacionality	
	Study Cycle ¹			

Sending Institution	Universitat Politècnica de Catalunya (UPC)			
	Faculty/ Department	ETSETB		
	Address	c/ Jordi Girona, 1-3, 08034 Barcelona	Country	SPAIN
	Contact person name	Cindrela Sambró		
	Position	Administrative officer international relations		
	Phone	+34 93 4011978	e-mail:	students.mobility@etsetb.upc.edu

Receiving Organization/ Enterprise	Name of host institution			
	Department			
	Address			
	City		Country	
	website			
	Size of organisation/enterprise	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees		
	Contact person name ²			
	Position			
	Phone		e-mail:	
	Mentor name ³			
	Position			
	Phone		e-mail:	



BEFORE THE MOBILITY

Table A - Traineeship programme at the Receiving Organisation/Enterprise

Planned period of the mobility	From: <input type="text"/>	to: <input type="text"/>	Number of working hours per week	<input type="text"/>
	(month/year)	(month/year)		
Traineeship programme				
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)				
Monitoring plan (brief description)				
Evaluation plan (brief description)				

Main language of work:

The level ⁴ of language competence that the trainee already has or agrees to acquire by the start of the mobility period is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	A	B	B	C	C	Native speaker
	1	2	1	2	1	2	



Table B – Sending Institution

(please use only **one** of the following three boxes)

1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS⁵ credits (or equivalent):	Yes <input type="checkbox"/> No <input type="checkbox"/> (Not applicable to PhD level)
If yes, please indicate the number of credits:	
Give a grade based on: (Not applicable to PhD level)	Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Record the traineeship in the trainee's Diploma Supplement (or equivalent):	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. The traineeship is voluntary and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent):	Yes <input type="checkbox"/> No <input type="checkbox"/> (Not applicable to PhD level)
If yes, please indicate the number of credits:	
Give a grade: (Not applicable to PhD level)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give a grade based on:	Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Record the traineeship in the trainee's Diploma Supplement (or equivalent):	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:

(Not applicable to PhD level)

Award ECTS credits (or equivalent):	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate the number of credits:	



Accident insurance for the trainee (if not provided by the Receiving Organisation/Enterprise)

The Sending Institution will provide an accident insurance to the applicant:		Si <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, The accident insurance covers:	accidents during travels made for work purposes:	Si <input type="checkbox"/> No <input type="checkbox"/>
	accidents on the way to work and back from work:	Si <input type="checkbox"/> No <input type="checkbox"/>
The Sending Institution will provide a liability insurance to the applicant (except USA, Canada and Mexico):		Sí <input checked="" type="checkbox"/> No <input type="checkbox"/>

The trainee has to hire an insurance policy that covers accidents for the entire training period if it is required by the receiving organisation/enterprise rules or country legislation.

Table C – Receiving Organisation/Enterprise

The Receiving Organisation/Enterprise will provide financial support to the applicant 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 applicant for the traineeship:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify:	
The Receiving Organisation/Enterprise will provide appropriate support and equipment to the applicant.	
Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.	

Accident insurance for the trainee

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



Commitment

By signing this document, the applicant, 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 applicant and Receiving Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period. The Sending Institution and the applicant should also commit to what is set out in the agreement. The institution undertakes to respect all the principles agreed in the partnership agreement.

With his or her signature, the thesis Director/Mobility coordinator confirms that the stay is appropriate for the study/doctoral programme.

Applicant	Name		signature
	e-mail		
	Position	Applicant	
	Date		
Responsible person ⁶ at the Sending Institution	Name	José Antonio Lázaro	signature
	e-mail	students.mobility@etsetb.upc.edu	
	Position	Vice Dean of International Affairs	
	Date		
Thesis Director (in case Pdh level)	Name		signature
	e-mail		
	Position		
	Date		
Doctoral program coordinator (in case Pdh level)	Name		Signature
	e-mail		
	Position		
	Date		
Supervisor ⁷ at the receiving organisation /enterprise	Name		Signature
	e-mail		
	Position		
	Date		



Higher Education Learning Agreement for Traineeships

Programme:

1

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).

2

Contact person at the Receiving Organisation: a person who can provide administrative information within the framework of traineeships.

3

Mentor: the role of the mentor is to provide support, encouragement and information to the applicant 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.

4

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>.

5

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 web link to an explanation to the system should be added.

6

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.

7

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.