**LEARNING AGREEMENT FOR TRAINEESHIPS**

**Planned period of the mobility:**

from [date/month/year] ….……………… till [date/month/year] ……………………

**The Trainee**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality[[1]](#endnote-1) |  |
| Sex [*M/F*] |  | Academic year | 20../20.. |
| Study semester | **7. sem Elective** |  |  |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of institution | University College Copenhagen  Physiotherapy Education |  |  |
| Contact person  name | Bente A S Andersen | Faculty of Health  Physiotherapy |  |
| Contact person E-mail | xbas@kp.dk |  |  |
| Contact person  Phone | +4520688316 | Country code | **DK** |

**The Receiving Organisation/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact person name |  | Name of organisation/enterprise |  |
| Contact person position |  | Address, website |  |
| Contact person e-mail |  | Department |  |
| Contact person phone |  | Country |  |

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

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

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| **Number of working hours per week: 30** |
| **Detailed programme of the traineeship period**…  **Independent and critical professional practice and development**  **The semester’s/programme's** elective element is oriented towards the critical study and development of the knowledge and practice of physiotherapy in relation to patients/citizens at national or international level. The focus is on academic immersion combined with perspectives on the academic area in conjunction with related professions and/or international aspects of the profession. |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the  traineeship** …  Achieving academic immersion combined with perspectives and practice in the profession |
| **Monitoring plan** …  Final exam at home institution, written |
| **Evaluation plan**  …  Home institution |

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| **Language competence of the trainee**  The level of language competence[[2]](#footnote-1) in ………….. *[workplace main language]* that the trainee already has or agrees to acquire by the start of the mobility period is:  A1 o A2 o B1 o B2 o C1 o C2 o |

**The sending institution**

|  |
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| The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:   * Award ..10...... ECTS credits. * Give a grade based on: A written exam/thesis at home institution after completion of the traineeship |

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| **The receiving organisation/enterprise**  **The intern will at all times be under the supervision and responsibility of a supervisor locally.**  The trainee will receive a financial support for his/her traineeship: Yes o No X  If yes, amount in EUR/month: ….  The trainee will receive a contribution in kind for his/her traineeship: Yes o No X If yes, please specify: ….  Is the trainee covered by the accident insurance? Yes o No o  The accident insurance covers:  - accidents during travels made for work purposes: Has to be dealt with between student and receiving organisation  - accidents on the way to work and back from work: Has to be dealt with between student and receiving organisation    Is the trainee covered by an liability(including third party liability?) insurance? Has to be dealt with between student and receiving organisation  The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee. |

**II. RESPONSIBLE PERSONS**

|  |
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| **Responsible person[[3]](#endnote-2) in the sending institution:**  Name: Bente A S Andersen Function: International Coordinator, Physiotherapy  Phone number: 20688316 E-mail: xbas@kp.dk |

|  |
| --- |
| **Responsible person[[4]](#endnote-3) 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.

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

1. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-1)
2. For the Common European Framework of Reference for Languages (**CEFR**) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#footnote-ref-1)
3. **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-2)
4. **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-3)