|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee** | **Last name(s)** | **First name(s)****Learning Agreement** **Student Mobility for Traineeships** | **Date of birth** | **Nationality** | **Sex [M/F]** | **Study cycle** | **Field of education** |
|  |  |  |  |  |  |  |
| **Sending Institution** | **Name** | **Faculty/ Department** | **Contact person name; email; phone** |
|  |  |   |
| **Receiving** **Organisation/Enterprise** | **Name** | **Department** | **Address; website** | **Country** | **Contact person name; position; e-mail; phone** | **Mentor name; position;****e-mail; phone** |
| University of the Azores |  | Rua da Mãe de Deus, s/n9500-321 Ponta Delgadawww.uac.pt | Portugal | reitoria.gre@uac.pt  |  |
|  |
|  | ***Table A - Traineeship Programme at the Receiving Organisation/Enterprise*** |
| **Planned period of the mobility: from [month/year] ……………. to [month/year] …………….** |
| **Traineeship title: …** | **Number of working hours per week: …** |
| **Detailed programme of the traineeship:** |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):** |
| **Monitoring plan:** |
| **Evaluation plan:** |
|  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Trainee/student |   |  | *Trainee* |   |  |
| Responsible person at the Sending Institution |   |   |   |   |  |
| Mobility Responsible at the Receiving Organisation |   |   |  Mobility Coordinator |   |  |