



UNIVERSITÀ
DEGLI STUDI
FIRENZE

**Scuola di
Architettura**
DIDA
Dipartimento di Architettura



Guida alla compilazione del Learning Agreement Provvisorio

Bando Erasmus+ Traineeship Sede Generica e Nominativa

OUTGOING STUDENTS





Concorso per Sede Generica

Per partecipare al Concorso «Selezione per la formazione di graduatorie per la mobilità internazionale ERASMUS+ per traineeship – **Sede generica**» sono richiesti i seguenti adempimenti:

1. Domanda su Applicativo Turul



2. Invio del Learning Agreement **Provvisorio della prima scelta** ad
archint@unifi.it


NB: Se ti trovi in questa sezione significa che hai già fatto domanda tramite l'applicativo Turul e devi compilare il LA Provvisorio





Concorso per Sede Nominativa

Per il Concorso «Selezione per la formazione di graduatorie per la mobilità internazionale ERASMUS+ per traineeship – **Sede nominativa**» sono richiesti i seguenti adempimenti:

1. Domanda su Applicativo Turul 
2. Invio del Learning Agreement **Provvisorio** ad archint@unifi.it
3. Invio della Lettere di Intenti Nominativa ad archint@unifi.it

NB: Se ti trovi in questa sezione significa che hai già fatto domanda tramite l'applicativo Turul e devi compilare il LA Provvisorio e ottenere la Lettere di Intenti





2. COMPILAZIONE DEL LEARNING AGREEMENT PROVVISORIO

In fase di CANDIDATURA, il LA non dovrà essere compilato integralmente, ma solo in alcune parti.

Solo una volta ammessi in graduatoria e aver accettato la destinazione, dovrete compilare il documento in tutte le sue parti e coinvolgere anche il referente dell'azienda per firma e timbro e l'ufficio Relazioni Internazionali di Scuola per ottenere la firma del Delegato Erasmus+ della Scuola, prima di partire.





2. COMPILAZIONE DEL LEARNING AGREEMENT PROVVISORIO

SEDE GENERICA

Inserire nel LA Provvisorio i dati dell'Azienda selezionata come **prima scelta** tramite Turul.

SEDE NOMINATIVA

Inserire nel LA Provvisorio i dati dell'Azienda **proposta dallo studente** e già inserita su Turul.





2. LEARNING AGREEMENT PROVVISORIO

GFNA-II-C-Annex IV-I-Erasmus+ HE-2015



Higher Education
Learning Agreement for
Traineeships

Camilla Perrone; archint@unifi.it

Student's name
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Sex [M/F]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
Receiving Organisation /Enterprise	University of	Architecture	I FIRENZE01	Via della Mattonaia 8, FI	Italy	Camilla Perrone ; archint@unifi.it	
	Florence Name	Department	Address; website	Country	Size	Contact person ⁶ name; position; e-mail; phone	Mentor ⁷ name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

DATI STUDENTE

DATI UFFICIO REL. INT.

DATI AZIENDA

Before the mobility

<i>Table A - Traineeship Programme at the Receiving Organisation/Enterprise</i>	
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:	
The level of language competence ⁸ in _____ [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"/>	

TABELLA A

PERIODO IN CUI SI VORREBBE SVOLGERE LA MOBILITA'

LIVELLO DI CONOSCENZA LINGUISTICA DICHIARATO



3. LEARNING AGREEMENT PROVVISORIO

TABELLA B

Table B - Sending Institution
Please use only one of the following three 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	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 and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: 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"/>	If yes, please indicate the number of credits:
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be 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).	
Record the traineeship in the trainee's Europass Mobility Document: 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:

Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits:
Record the traineeship in the trainee's Europass Mobility Document (<i>highly recommended</i>): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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 checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers:
	- accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	

SE TIROCINIO **CURRICULARE**,
COMPILARE IL **PUNTO 1**
«**embedded in the curriculum**» e inserire i CFU (ECTS) corrispondenti

SE TIROCINIO
EXTRA-CURRICULARE e
VOLONTARIO,
COMPILARE IL **PUNTO 2** e gli eventuali CFU corrispondenti, nel caso si desideri richiederne il riconoscimento.





3. LEARNING AGREEMENT PROVVISORIO

TABELLA B

Table B - Sending Institution
Please use only one of the following three 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	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 and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: 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"/>	If yes, please indicate the number of credits:
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be 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).	
Record the traineeship in the trainee's Europass Mobility Document: 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:

Award ECTS credits (or equivalent): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits:
Record the traineeship in the trainee's Europass Mobility Document (<i>highly recommended</i>): Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	

SE TIROCINIO
POST LAUREA,
COMPILARE IL PUNTO 3
«recent graduate».





2. LEARNING AGREEMENT PROVVISORIO

TABELLA B

<i>Table B - Sending Institution</i>	
<i>Please use only one of the following three boxes:⁹</i>	
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	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 and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: 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"/>	If yes, please indicate the number of credits:
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be 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).	
Record the traineeship in the trainee's Europass Mobility Document: 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:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits:
Record the traineeship in the trainee's Europass Mobility Document (<i>highly recommended</i>): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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 checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	

ASPETTI ASSICURATIVI
UNIFI





2. LEARNING AGREEMENT PROVVISORIO

TABELLA C

Table C - Receiving Organisation/Enterprise					
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					
Supervisor ¹² at the Receiving Organisation	Camilla Perrone	archint@unifi.it	Erasmus Delegate		

Specificare i DATI del candidato e FIRMARE





2. LEARNING AGREEMENT PROVVISORIO

Periodo di mobilità

ATTENZIONE!

Nel caso di
TIROCINIO POST-LAUREA (*recent graduate*)
la mobilità deve concludersi **ENTRO 12 MESI**
dal conseguimento del titolo





Concorso per Sede Generica

1. Domanda su Applicativo Turul 

Se hai fatto domanda per una **Sede Generica**, dopo aver completato il Learning Agreement Provvisorio dovrai inviarlo ad archint@unifi.it, inserendo **nell'oggetto «Contiene Learning Agreement mobilità ERASMUS+ Traineeship a.a. 20--/20—»**.



2. Invio del Learning Agreement Provvisorio ad archint@unifi.it 

Candidatura completata!





Concorso per Sede Nominativa

1. Domanda su Applicativo Turul 
2. Compilazione del Learning Agreement Provvisorio 
3. Invio della Lettere di Intenti Nominativa

Se hai fatto domanda per una **Sede Nominativa**, insieme al Learning Agreement Provvisorio, dovrai compilare la Lettera di Intenti, farla firmare dall'azienda e inoltrare i 2 documenti ad archint@unifi.it.





3. COMPILAZIONE DELLA LETTERA DI INTENTI

Attraverso la Lettera di Intenti Nominativa, **l'azienda dichiara la sua disponibilità** ad accogliere lo studente per lo svolgimento di un tirocinio curriculare o post-laurea.

Il documento sancisce l'accordo, preso prima della candidatura al Bando, con l'azienda individuata in autonomia dallo studente.





3. LETTERE DI INTENTI NOMINATIVA

PAGINA 1


Letter of Intent
We intend to co-operate with Università degli Studi di Firenze for the Erasmus+ traineeship
For the academic years 2020/2021

DATI STUDENTE

Name of Student:
name surname
Matricola:
Università degli Studi di Firenze
c/o Scuola di
e-mail:

Selezionare dal menù: ARCHITETTURA

Lettera di Intenti Nominativa

We, the undersigned organization, hereby declare our intent to cooperate with Università degli Studi di Firenze to promote placements for students in the framework of the Erasmus+ traineeship. As a partner of the above-mentioned project, the undersigned institution will encourage and facilitate the mobility of university students through job training periods (placements) in enterprises. As soon as possible, we intend to host the students as trainees for job training periods (placements) and arrange for the supervision of the participants. Student trainees receive a Erasmus grant from their home University to cover the additional costs incurred in the placement (travel, accommodation costs, insurance). The placements will provide a structured job training, according to the objectives of the Erasmus+ traineeship. We will engage ourselves to fulfil the responsibilities as stated in the enclosed Partnership Quality Commitment.

DATI AZIENDA
E REFERENTE

First name and Family name:
(of the Legal representative)
Position/Function in the Organization:
(of the Legal representative)
Name of Organization:
Address: City: Country:
Tel:
e-mail: Internet site:
Date: Signature: _____

FIRMA DEL REFERENTE
E TIMBRO

Stamp





3. LETTERE DI INTENTI NOMINATIVA

PAGINA 2

**DATI AZIENDA
E REFERENTE**

**NOME DEL REFERENTE
AZIENDALE**

DATI STUDENTE

NUMERO MESI

**Selezionare dal menù:
ARCHITETTURA**

FIRMA STUDENTE

Lettera di Intenti Nominativa

PARTNER DETAILS

Organization name:

Type of Organization:

Legal status:

Economics Sector:

Commercial Orientation:

Category of Work:

Organization size-Staff:

TUTORING

The Tutor Responsible for the Students in Your Organization will be Mr/Mrs/Dr.

TRAINEE PROFILE

We are willing to host:

Student 1st cycle 2nd cycle

Graduate 1st cycle 2nd cycle

PhD student

PhD graduate

for months (min.2 - max.12)

School of

University of Florence in the following fields of job training (please give a short description of the trainee's activity/job):

Subject Area code:

First name and Family name:

Position/Function in the Organization:

Signature: _____



Concorso per Sede Nominativa

1. Domanda su Applicativo Turul 

Se hai fatto domanda per una Sede Nominativa, dopo aver completato il LA Provvisorio e la Lettera di Intenti dovrai inviare i due documenti ad archint@unifi.it, inserendo **nell'oggetto** «Contiene LA e Lettera di Intenti Nominativa mobilità ERASMUS+ Traineeship a.a. 20--/20—».

2. Invio del Learning Agreement Provvisorio 

3. Invio della Lettere di Intenti Nominativa 

Candidatura completata!





RISPETTA LE **SCADENZE**

INDICATE NEL BANDO RELATIVAMENTE A:

- VOTI REGISTRATI IN CARRIERA (cfu e media)
- **DOMANDA SU TURUL**
- INVIO L.A. + LETTERA DI INTENTI