



UNIVERSITÀ  
DEGLI STUDI  
FIRENZE

Scuola di  
Architettura  
DIDA  
Dipartimento di Architettura



# Guida alla compilazione del Learning Agreement

**Bando di Mobilità  
Erasmus+ per Traineeship  
OUTGOING STUDENTS**

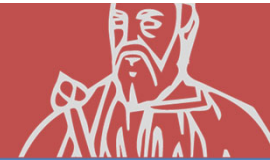




# COMPILAZIONE DEL LEARNING AGREEMENT

**Una volta ammesso in graduatoria e aver accettato la sede,** l'ufficio Relazioni Internazionali della Scuola contatterà il referente dell'azienda e lo studente per metterli in contatto, in modo da poter definire i dettagli della mobilità e procedere alla compilazione del Learning Agreement.

Nel caso di **sede generica,** il referente dell'azienda può chiedere di visionare il tuo cv e portfolio e di fissare un colloquio online, prima di accettare definitivamente la tua mobilità.



# LEARNING AGREEMENT

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



## Higher Education Learning Agreement for Traineeships

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

Emanuela Ferretti; archint@unifi.it

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

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 <sup>8</sup> 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 DELLA MOBILITA'

DESCRIZIONE DELLA  
ATTIVITA' CONCORDATA  
CON L'AZIENDA\*

LIVELLO DI CONOSCENZA  
LINGUISTICA DICHIARATO





# LEARNING AGREEMENT

## TABELLA B

**Table B - Sending Institution**  
Please use only one of the following three boxes:<sup>9</sup>

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

Award ..... ECTS credits (or equivalent) <sup>10</sup>	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 checked="" 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:

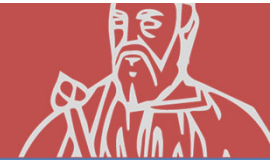
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document ( <i>highly recommended</i> ): Yes <input type="checkbox"/> No <input type="checkbox"/>	

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





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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 checked="" 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 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  
EXTRA-CURRICULARE e  
VOLONTARIO,  
SCEGLIERE L'OPZIONE 2







# LEARNING AGREEMENT

## TABELLA B

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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 checked="" 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  
POST LAUREA,  
COMPILARE IL PUNTO 3  
«recent graduate».





# LEARNING AGREEMENT

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Award ..... ECTS credits (or equivalent) <sup>10</sup>	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**





# LEARNING AGREEMENT

## TABELLA C

Sezione che deve essere compilata dall'azienda

*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 <sup>11</sup> at the Sending Institution	Emanuela Ferretti	<a href="mailto:archint@unifi.it">archint@unifi.it</a>	Erasmus Delegate		
Supervisor <sup>12</sup> at the Receiving Organisation					

DATI E FIRMA STUDENTE  
DATI E FIRMA UFFICIO ARCHINT  
DATI E FIRMA AZIENDA







# COMPILAZIONE DEL LEARNING AGREEMENT

Il Learning Agreement dovrà essere inviato **completo di tutte le firme** ad [archint@unifi.it](mailto:archint@unifi.it), **prima di firmare il contratto di mobilità** ricevuto dall'Ufficio Centrale di Ateneo e, dunque, prima di iniziare la mobilità.

