

Erasmus+ Learning Agreement

Student Mobility for Traineeships

**Higher Education:
Erasmus+
Learning Agreement form**
Name: _____

Academic Year 20__/20__

	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Level of education (EQF level) ²	Field of education ³
Trainee							
	E-Mail:					<i>Bachelor</i> <input type="checkbox"/> <i>Master</i> <input type="checkbox"/> <i>PhD</i> <input type="checkbox"/> <i>State examination</i> <input checked="" type="checkbox"/>	Medicine
	Phone:						
	Name	Faculty/ Department (if applicable)	Erasmus code⁵ (if applicable)	Address	Country	Contact person name⁶; email	
Beneficiary organisation⁴	Julius-Maximilians- Universität Würzburg	Medicine	D WURZBUR01	Sanderring 2 97070 Würzburg Germany	Germany, DE	Barbara Moll, Faculty of Medicine, moll_b@ukw.de ; +49.931.20155224	
	Name	Faculty/ Department	Erasmus code (if applicable)	Address	Country	Contact person name; email	
Sending Institution <small>[only if different from Beneficiary Organisation]</small>							
	Name	Department	Address; website	Country	Size	Contact person⁷ name; position; email	Mentor⁸ name; position; email
Receiving Organisation					<input type="checkbox"/> ≤250 employees <input type="checkbox"/> > 250 employees		

Erasmus+ Learning Agreement

Student Mobility for Traineeships

Higher Education:
Erasmus+
Learning Agreement form
Name: _____
Academic Year 20__/20__

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation		
Planned period of the physical component: from	[day (optional)/month/year] to	[day (optional)/month/year]
If applicable, planned period of the virtual component: from	[day (optional)/month/year] to	[day (optional)/month/year]
Traineeship title: Clinical rotation towards the final year of medical school (the so-called Practical Year)	Number of working hours per week: 40 (including theory and home study) <input checked="" type="checkbox"/> The Traineeship is equivalent with a full time traineeship position.	
Detailed programme of the traineeship (including the virtual component, if applicable): Completion of a clinical rotation under the supervision of suitably qualified and experienced medical staff to acquire the relevant competences in the field/specialty/subject of		
Traineeship in digital skills ⁹ : Yes <input type="checkbox"/> No <input type="checkbox"/>		
Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes): <ul style="list-style-type: none"> Gather a history and perform a physical examination Prioritize a differential diagnosis following a clinical encounter Recommend and interpret common diagnostic and screening tests Enter and discuss orders/prescriptions Document a clinical encounter in the patient record Provide an oral presentation of a clinical encounter Form clinical questions and retrieve evidence to advance patient care Give or receive a patient handover to transition care responsibility Collaborate as a member of an interprofessional team Recognize a patient requiring urgent or emergent care and initiate evaluation and management Obtain informed consent for tests and/or procedures Perform general procedures of a physician Identify system failures and contribute to a culture of safety and improvement <p>(taken from https://www.aamc.org/system/files/c/2/482214-epa13toolkit.pdf defining the 13 core entrustable professional activities (EPAs) for US physicians entering residency)</p>		
Monitoring plan: <ul style="list-style-type: none"> The student is assigned a certain number of patients by supervisory medical staff and is responsible for patient care under supervision The student remains under continuous supervision and is guided by the qualified, experienced medical staff The student is integrated into clinical workflows and has access to the information systems these workflows utilize <p>Students are tasked with, among others:</p> <ul style="list-style-type: none"> Admission of patients, documenting a full medical and/or case history and physical examination Discussion of findings with the supervising physician(s) 		
Evaluation plan: On completion of the rotation, the organisation will issue a certificate of completion to the student that conforms to the German requirements. See: https://www.uni-wuerzburg.de/fileadmin/33120300/Pruefungsamt/Formulare/Staatsexamen/Medizin/JMU_PJ_englisch_deutsch.pdf		
The level of language competence ¹⁰ 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"/>		

Erasmus+ Learning Agreement

Student Mobility for Traineeships

Higher Education:
Erasmus+
Learning Agreement form
Name: _____
Academic Year 20__/20__

Table B - Sending Institution

Please use only one of the following three boxes: ¹¹

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

Award ECTS credits (or equivalent) ¹²	Give a grade based on: Traineeship certificate <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	

Accident insurance for the trainee

The beneficiary organisation will provide an accident insurance to the trainee (if not provided by the Receiving Organisation): Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>
The beneficiary organisation will provide a liability insurance to the trainee (if not provided by the Receiving Organisation): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Erasmus+ Learning Agreement

Student Mobility for Traineeships

**Higher Education:
Erasmus+
Learning Agreement form**
Name: _____
Academic Year 20__/20__

Table C - Receiving Organisation

The Receiving Organisation 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 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 will provide an accident insurance to the trainee (if not provided by the beneficiary organisation): 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 will provide a liability insurance to the trainee (if not provided by the beneficiary organisation): Yes <input type="checkbox"/> No <input type="checkbox"/>		
The Receiving Organisation will provide appropriate support and equipment to the trainee.		
Upon completion of the traineeship, the Receiving Organisation undertakes to issue a traineeship certificate within 5 weeks after the end of the traineeship.		

By signing this document, the trainee, the beneficiary organisation, the receiving organisation [and the sending institution, if different from the beneficiary organisation] 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 will communicate to the sending institution [and beneficiary organisation, if different from the sending institution] any problem or changes regarding the traineeship period. The sending institution [and the beneficiary organisation, if different from the sending institution] and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The sending institution [and the receiving institution [if the receiving organisation is a higher education institution] undertake[s] to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

Commitment	Name	Email	Position	Date	Signature
Trainee			<i>Trainee</i>		
Responsible person ¹³ at the beneficiary organisation	Prof. Dr. A. Buck	Moll_b@ukw.de	Erasmus Coordinator		
[Responsible person ¹⁴ at the sending institution, if different from the beneficiary organisation]					
Supervisor ¹⁵ at the receiving organisation					

Erasmus+ Learning Agreement

Student Mobility for Traineeships

¹ Country to which the person belongs administratively and that issues the ID card and/or passport.

² **Level of education:** 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). EQF level codes 5 to 8 are equivalent to the ISCED levels 5 to 8.

³ **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at http://ec.europa.eu/education/tools/isced-f_en.htm should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the trainee by the sending institution.

⁴ In the case of outgoing mobility, the beneficiary organisation is the sending institution.

⁵ **Erasmus code:** a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in EU Member States and third countries associated to the programme.

⁶ **Contact person at the sending institution:** a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.

⁷ **Contact person at the receiving organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.

⁸ **Mentor:** the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the organisation (culture of the organisation, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.

⁹ **Traineeship in digital skills:** any traineeship where trainees receive training and practice in at least one or more of the following activities: digital marketing (e.g. social media management, web analytics); digital graphical, mechanical or architectural design; development of apps, software, scripts, or websites; installation, maintenance and management of IT systems and networks; cybersecurity; data analytics, mining and visualisation; programming and training of robots and artificial intelligence applications. Generic customer support, order fulfilment, data entry or office tasks are not considered in this category.

¹⁰ **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>

¹¹ **There are three different provisions for traineeships:**

1. Traineeships embedded in the curriculum (counting towards the degree);
2. Voluntary traineeships (not obligatory for the degree);
3. Traineeships for recent graduates.

¹² **ECTS credits or equivalent:** in countries where the "ECTS" system it is not in place, "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.

Erasmus+ Learning Agreement

Student Mobility for Traineeships

¹³ **Responsible person at the beneficiary organisation:** this person is responsible for signing the learning agreement, amending it if needed and if the beneficiary organisation is the sending institution, is responsible for 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.

¹⁴ **Responsible person at the sending institution:** this person is responsible for signing the learning agreement, amending it if needed and if the beneficiary organisation is not the sending institution, is responsible for 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 responsible person at the beneficiary organisation.

¹⁵ **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.