



Erasmus+

Learning Agreement

Student Mobility for Traineeships

Higher Education:
Learning Agreement form
Student's name
Academic Year 20.../20...

Örnek şablondur lütfen tüm boşlukları eksiksiz bir şekilde
doldurunuz

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	
	Istanbul Arel University	International Relations and Erasmus Office	TR ISTANBU29	Türkoba Mah. Erguvan Sok. No :20/K Tepekent/ İstanbul	Turkey	Tuba AKTAŞ tubaaktas@arel.edu.tr +908508502735	
Receiving Organisation /Enterprise	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		

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise

Planned period of the mobility: from [month/year] to [month/year]

Traineeship title: **Staj yapılacak kurumdaki pozisyonunuzu yazınız.**Number of working hours per week: **Haftada kaç saat staj yapacaksınız**

Detailed programme of the traineeship:

Yapacağınız staj programının detaylarını yazınız

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Staj faaliyetiniz sona erdiğinde edineceğiniz bilgi beceri ve yetkinlikleri yazınız.

Monitoring plan:

Staj yaptığınız kurum stajınız süresince size nasıl control ve takip edeceğini yazınız

Evaluation plan:

Staj yaptığınız kurum tarafından staj faaliyetiniz nasıl değerlendirileceğini yazınız.

The level of language competence⁸ in EN [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 ☐ A2 ☐ B1 ☐ **B2 ☒** C1 ☐ C2 ☐ Native speaker ☐

Table B - Sending Institution

Please use only one of the following three boxes:⁹**1. Arel'de zorunlu stajınız bulunuyorsa 1. Kısmı doldurmanız gerekmektedir.****2. Arel'de zorunlu stajınız yoksa 2. Kısmı doldurmalısınız.****3. Mezun olduktan sonra staj faaliyetini gerçekleştirecekseniz 3. Kısmı doldurmalısınız.**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 checked="" type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent). Bu satırda bir değişiklik yapmayınız	
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). Bu satırda bir değişiklik yapmayınız	
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 checked="" type="checkbox"/>	If yes, please indicate the number of credits:
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Örnek şablondur lütfen tüm boşlukları eksiksiz bir şekilde doldurunuz

Record the traineeship in the trainee's Europass Mobility Document (*highly recommended*): Yes ☐ No ☒

Üniversitemiz tarafından sağlanan bir sigorta imkanı bulunmamaktadır. Bu satırda bir değişiklik yapmayınız.

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 ☐ No ☒

The accident insurance covers:

- accidents during travels made for work purposes: Yes ☐ No ☒
- accidents on the way to work and back from work: Yes ☐ No ☒

The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes ☐ No ☐

Table C - Receiving Organisation/Enterprise

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes ☐ No ☐ If yes, amount (EUR/month):

The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes ☐ No ☐
If yes, please specify:

The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes ☐ No ☐

The accident insurance covers:

- accidents during travels made for work purposes: Yes ☐ No ☐
- accidents on the way to work and back from work: Yes ☐ No ☐

The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution):
Yes ☐ No ☐

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	Asst. Prof. Dr. Çağdaş Dedeoğlu	cagdasdedeo glu@arel.edu. tr	Erasmus+ Coordinator in charge		
Supervisor ¹² at the Receiving Organisation					

Bu kısım Hareketliliğe başlandıktan sonra doldurulacaktır. Yukarıda öngörülen staj faaliyetlerinde değişiklik olması durumunda lütfen bu alanı doldurunuz.

During the Mobility

Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise

(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)

Planned period of the mobility: from [month/year] till [month/year]

Traineeship title: ...

Number of working hours per week: ...

Detailed programme of the traineeship period:

Örnek şablondur lütfen tüm boşlukları eksiksiz bir şekilde
doldurunuz

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Monitoring plan:

Evaluation plan:

After the Mobility

Table D - Traineeship Certificate by the Receiving Organisation/Enterprise

Name of the trainee:

Name of the Receiving Organisation/Enterprise:

Sector of the Receiving Organisation/Enterprise:

Address of the Receiving Organisation/Enterprise [street, city, country, phone, e-mail address], website:

Start date and end date of traineeship: from [day/month/year] to [day/month/year]

Traineeship title:

Detailed programme of the traineeship period including tasks carried out by the trainee:

Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):

Evaluation of the trainee:

Örnek şablondur lütfen tüm boşlukları eksiksiz bir şekilde
doldurunuz

Date:

Name and signature of the Supervisor at the Receiving Organisation/Enterprise: