**LEARNING AGREEMENT FOR VET MOBILITY**

**Project „*Foreign apprenticeships for vocational students and graduates and vocational staff trainings”* implemented by the Foundation for the Development of the Education System in Warsaw co-financed by the European Union under the European Social Fund, Operational Programme Knowledge Education Development.**

**I. DETAILS ON THE PARTICIPANT**

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| Name of the participant:      Field of vocational education:       Sending institution (name, address):       Contact person (name, function, e-mail, tel):        |

**II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD**

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| Receiving organisation (name address):       Contact Person (name, function, e-mail, tel):        |

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| Planned dates of start and end of the placement period:        |

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| **Knowledge, skills and competence to be acquired**:  |
| **Detailed programme of the training period**:  |
| **Tasks of the trainee**:  |
| **Monitoring and Mentoring of the participant**: |
| **Evaluation and Validation of the training placement**:   |

**III. COMMITMENT OF THE PARTIES INVOLVED**

By signing this document, the participant, the sending institution and the receiving organisation (and the intermediary organisation if applicable)\* confirm that they will abide by the principles of the Quality Commitment for VET Mobility projects attached below.

\*please remove/keep a box below for the signature of the intermediary organisation – if applicable

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| **THE PARTICIPANT** Participant’s signature........................................................................... Date: ……………………………………………….. |

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| **THE SENDING INSTITUTION**We confirm that this proposed training programme agreement is approved. On completion of the training programme the institution will issue ………..[…a Europass Mobility, *other form of validation/recognition…*] to the participant |
| Coordinator’s signature............................................................................ | Date: ................................................................... |

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| **THE RECEIVING ORGANISATION**We confirm that this proposed training programme is approved.On completion of the training programme the organisation will issue […*a Certificate* …] to the participant |
| Coordinator’s signature............................................................................. | Date: ................................................................... |

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| **THE INTERMEDIARY ORGANISATION** (if applicable)We confirm that this proposed training programme is approved.On completion of the training programme the organisation will issue […*a Certificate* …] to the participant |
| Coordinator’s signature ............................................................................. | Date: ................................................................... |