**LEARNING AGREEMENT FOR VET MOBILITY**

**Project „Transnational mobility for 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**

|  |
| --- |
| 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**

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

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

|  |
| --- |
| **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 add a box below for the signature of the intermediary organisation – if applicable*

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

|  |  |
| --- | --- |
| **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: ................................................................... |

|  |  |
| --- | --- |
| **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: ................................................................... |

|  |  |
| --- | --- |
| **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: ................................................................... |