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