**ANNEX I**

**ERASMUS + LEARNING AGREEMENT**

**I. DETAILS ON THE PARTICIPANT**

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| Name of the participant:  Field of vocational education:  **Sending institution:**  Address:  Contact person:  Function:  Email:  Tel: |

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

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| **Intermediary organisation**  Name:  Address:  Contact person:  Function:  Email:  Tel: |

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| **Host organisation/company**  Name:  Address:  Contact person:  Function:  Email:  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 add 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 to the participant.  Coordinator’s signature  ........................................................................... Date: …………………………………………………… |

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| **THE HOST ORGANISATION/COMPANY**  We confirm that this proposed training programme is approved.  On completion of the training programme the organisation will issue an Attendance Certificate to the participant. | |
| Coordinator/Placement tutor’s signature  ....................................................................... | Date: ................................................................... |

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| **THE INTERMEDIARY ORGANISATION**  We confirm that this proposed training programme is approved.  On completion of the training programme the organisation will issue an Attendance Certificate to the participant. | |
| Coordinator’s signature  ....................................................................... | Date: ................................................................... |