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