**Learning Agreement**

**Draft version**

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| 1. **Information about the participants**
 |
| Contact details of the home organisation |
| Name of organisation | (text here) |
| Address | (text here) |
| Telephone/fax | (text here) |
| E-mail | (text here) |
| Website | (text here) |
| Contact person | (text here) |
| Telephone/fax | (text here) |
| E-mail | (text here) |
| Contact details of the host organisation |
| Name of organisation | (text here) |
| Address | (text here) |
| Telephone/fax | (text here) |
| E-mail | (text here) |
| Website | (text here) |
| Contact person | (text here) |
| Tutor/mentor | (text here) |
| Telephone/fax | (text here) |
| E-mail | (text here) |
| Contact details of the learner |
| Name | (text here) |
| Address | (text here) |
| Telephone/fax | (text here) |
| E-mail | (text here) |
| Date of birth  | (dd/mm/yyyy) |
| Please tick | [ ]  Male[ ]  Female |
| Contact details of parents or legal guardian of the learner, if applicable |
| Name  | (text here) |
| Address | (text here) |
| Telephone | (text here) |
| E-mail | (text here) |
| If an intermediary organisation is involved, please provide contact details |
| Name of organisation | (text here) |
| Address | (text here) |
| Telephone/fax | (text here) |
| E-mail | (text here) |
| Website | (text here) |
| Contact person | (text here) |
| Telephone/fax | (text here) |
| E-mail | (text here) |

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| 1. **Duration of the learning period abroad**
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| Start date of the training abroad  | (dd/mm/yyyy) |
| End date of the training abroad  | (dd/mm/yyyy) |
| Length of time abroad  | (number of weeks) |

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| 1. **The qualification being taken by the learner - including information on the learner’s progress (knowledge, skills and competence already acquired)**
 |
| Title of the qualification being taken by the learner (please also provide the title in the language of the partnership, if appropriate) | (text here) |
| EQF level (if appropriate) | (text here) |
| NQF level (if appropriate) | (text here) |
| Information on the learner‘s progress in relation to the learning pathway (Information to indicate acquired knowledge, skills, competence could be included in an annex ) | (text here) |
| Enclosures in annex - please tick as appropriate | [ ]  Europass Certificate Supplement[ ]  Europass CV[ ]  Europass Mobility[ ]  Europass Language Passport[ ]  European Skills Passport[ ]  (Unit[s] of) learning outcomes already acquired by the learner[ ]  Other: (please specify here) |

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| 1. **Description of the learning outcomes to be achieved during mobility**
 |
| Title of unit(s)/groups of learning outcomes/parts of units to be acquired | (text here) |
| Number of ECVET points to be acquired while abroad  | (text here) |
| Learning outcomes to be achieved | (text here) |
| Description of the learning activities (e.g. information on location(s) of learning, tasks to be completed and/or courses to be attended) | (text here) |
| Enclosures in annex - please tick as appropriate | [ ]  Description of unit(s)/groups of learning outcomes which are the focus of the mobility [ ]  Description of the learning activities[ ]  Individual’s development plan when abroad[ ]  Other: (please specify here) |

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| 1. **Assessment and documentation**
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| Person(s) responsible for assessing the learner’s performance | Name: (text here) |
| Organisation, role: (text here) |
| Assessment of learning outcomes  | Date of assessment: (dd/mm/yyyy) |
| Method: (text here) |
| How and when will the assessment be recorded? | (text here) |
| Please include | [ ]  Detailed information about the assessment procedure (e.g. methods, criteria, assessment grid)[ ]  Template for documenting the acquired learning outcomes (such as the learner’s transcript of record or Europass Mobility)[ ]  Individual’s development plan when abroad[ ]  Other: (please specify here) |

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| 1. **Validation and recognition**
 |
| Person (s) responsible for validating the learning outcomes achieved abroad | Name: (text here) |
| Organisation, role: (text here) |
| How will the validation process be carried out? | (text here) |
| Recording of validated achievements  | Date: (dd/mm/yyyy) |
| Method: (text here) |
| Person(s) responsible for recognising the learning outcomes achieved abroad | Name: (text here) |
| Organisation, role: (text here) |
| How will the recognition be conducted? | (text here) |

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| 1. **Signatures**
 |
| **Home organisation/country** | **Host organisation/country** | **Learner** |
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| Name, role | Name, role | Name |
|  |  |  |
| Place, date | Place, date | Place, date |
|  |  |  |

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| **If applicable: Intermediary organisation** | **If applicable: Parent or legal guardian** |
|  |  |
| Name, role | Name, role |
|  |  |
| Place, date | Place, date |
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| 1. **Additional information**
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(text here)

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| 1. **Annexes**
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(text here)