

Learning Agreement

Version 2013



1. Information about the participants

Contact details of the home organisation

Name of organisation	
Address	
Telephone/fax	
E-mail	
Website	
Contact person	
Telephone/fax	
E-mail	

Contact details of the host organisation

Name of organisation	
Address	
Telephone/fax	
E-mail	
Website	
Contact person	
Tutor/mentor	
Telephone/fax	
E-mail	

Contact details of the learner

Name	
Address	
Telephone/fax	
E-mail	
Date of birth	(dd/mm/yyyy)
Please tick	<input type="checkbox"/> Male <input type="checkbox"/> Female

Contact details of parents or legal guardian of the learner, if applicable

Name	
Address	
Telephone	
E-mail	

If an intermediary organisation is involved, please provide contact details

Name of organisation	
Address	
Telephone/fax	
E-mail	
Website	
Contact person	
Telephone/fax	
E-mail	

2. Duration of the learning period abroad

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)

3. The qualification being taken by the learner - including information on the learner's progress (knowledge, skills and competence already acquired)

<p>Title of the qualification being taken by the learner (please also provide the title in the language of the partnership, if appropriate)</p>	
<p>EQF level (if appropriate)</p>	
<p>NQF level (if appropriate)</p>	
<p>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)</p>	
<p>Enclosures in annex - please tick as appropriate</p>	<p><input type="checkbox"/> Europass Certificate Supplement</p> <p><input type="checkbox"/> Europass CV</p> <p><input type="checkbox"/> Europass Mobility</p> <p><input type="checkbox"/> Europass Language Passport</p> <p><input type="checkbox"/> European Skills Passport</p> <p><input type="checkbox"/> (Unit[s] of) learning outcomes already acquired by the learner</p> <p><input type="checkbox"/> Other: (please specify)</p>

4. Description of the learning outcomes to be achieved during mobility

Title of unit(s)/groups of learning outcomes/parts of units to be acquired	
Number of ECVET points to be acquired while abroad	Please specify (if appropriate)
Learning outcomes to be achieved	
Description of the learning activities (e.g. information on location(s) of learning, tasks to be completed and/or courses to be attended)	
Enclosures in annex - please tick as appropriate	<input type="checkbox"/> Description of unit(s)/groups of learning outcomes which are the focus of the mobility <input type="checkbox"/> Description of the learning activities <input type="checkbox"/> Individual's development plan when abroad <input type="checkbox"/> Other: (please specify)

5. Assessment and documentation

Person(s) responsible for assessing the learner's performance	Name:
	Organisation, role:
Assessment of learning outcomes	Date of assessment: (dd/mm/yyyy)
	Method: (please specify)
How and when will the assessment be recorded?	
Please include	<input type="checkbox"/> Detailed information about the assessment procedure (e.g. methods, criteria, assessment grid) <input type="checkbox"/> Template for documenting the acquired learning outcomes (such as the learner's transcript of record or Europass Mobility) <input type="checkbox"/> Individual's development plan when abroad <input type="checkbox"/> Other: (please specify)

6. Validation and recognition

Person (s) responsible for validating the learning outcomes achieved abroad	Name: (please insert)
	Organisation, role: (please specify)
How will the validation process be carried out?	(please specify)
Recording of validated achievements	Date: (dd/mm/yyyy)
	Method: (please specify)
Person(s) responsible for recognising the learning outcomes achieved abroad	Name: (please insert)
	Organisation, role: (please specify)
How will the recognition be conducted?	(please specify)

7. Signatures

Home organisation/country	Host organisation/country	Learner
Name, role	Name, role	Name
Place, date	Place, date	Place, date

If applicable: Intermediary organisation	If applicable: Parent or legal guardian
Name, role	Name, role
Place, date	Place, date

8. Additional information

9. Annexes