

Trainee	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study year	Field of education
Sending Institution	Name	Faculty	Department	Address	Country	Contact person name; email; phone	
Receiving Organisation	Name	Department	Address	Country	Size	Contact person name; position; e-mail; phone	Mentor ¹ name; position; e-mail; phone (chef de service hospitalier)
	Sorbonne Université	Medicine	91, bd de l'Hôpital 75013 PARIS	France	<input type="checkbox"/> < 250 employees <input checked="" type="checkbox"/> > 250 employees	Nathalie DAVID, head of international relations office, Faculté de médecine Sorbonne Université, medecine-international@sorbonne-universite.fr + 33 1 44 27 34 72	

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation Planned period of the mobility: from to	
Traineeship title: Internship in	Number of working hours per week: 20
Detailed programme of the traineeship: Involvement in the patient care and treatment of patients in the field of	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes): -Demonstrate knowledge and understanding of common diseases -Demonstrate an understanding of treatments and alternatives to treatment -Become familiar with various procedures and know their expected outcomes and complications -Demonstrate knowledge of the French Health Care system	
Monitoring plan: Regular feedbacks performed by the supervising medical staff	
Evaluation plan: Skills assessment	

The level of **language competence**² in _____ [indicate here the main language of work] that the trainee already has or agrees to acquire by the start of the mobility period is: A1 A2 B1 B2 C1 C2 Native speaker

Table B - Sending Institution

Please use only one of the following three boxes:³

1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent) ⁴	Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits:
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. The traineeship is carried out by a recent graduate and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits:
Record the traineeship in the trainee's Europass Mobility Document (<i>highly recommended</i>): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Accident insurance for the trainee	
The Sending Institution will provide an accident insurance to the trainee: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Table C - Receiving Organisation (dear Student, please tick the appropriate box)	
The Receiving Organisation will provide financial support to the trainee for the traineeship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, amount (EUR/month): 4 th year student: 208.96 EUR/month <input type="checkbox"/> 5 th year student: 257.18 EUR/month <input type="checkbox"/> 6 th year student: 313.43 EUR/month <input type="checkbox"/>
The Receiving Organisation will provide appropriate support and equipment to the trainee.	
Upon completion of the traineeship, the Organisation undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.	

By signing this document, the trainee, the Sending Institution and the Receiving Organisation confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The trainee and Receiving Organisation will communicate to the Sending Institution any problem or changes regarding the traineeship period.

Commitment	Name	Email	Position	Date	Signature
Trainee			<i>Trainee</i>		
Responsible person ⁵ at the Sending Institution					Nathalie David on behalf of Magali Svrcek
Supervisor ⁶ at the Receiving Organisation	Prof. Magali Svrcek	magali.svrcek@aphp.fr	Vice Dean for International Affairs		

Electronic signatures are accepted on this document and you are encouraged to use these; an electronic signature can be a scanned signature or a locked PDF signature/other form of secure signature.

After the Mobility

<i>Table D - Traineeship Certificate by the Receiving Organisation/Enterprise</i>	
Name of the trainee:	
Name of the Receiving Organisation:	
Address of the Receiving Organisation:	
Start date and end date of traineeship: from	to
Traineeship title:	
Detailed programme of the traineeship period including tasks carried out by the trainee:	
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):	
Evaluation of the trainee:	

Date:

Name and signature of the Supervisor at the Receiving Organisation/Enterprise:

¹ **Mentor:** the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.

² **Level of language competence:** a description of the European Language Levels (CEFR) is available at:
<https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

³ **There are three different provisions for traineeships:**

1. Traineeships embedded in the curriculum (counting towards the degree);
2. Voluntary traineeships (not obligatory for the degree);
3. Traineeships for recent graduates.

⁴ **ECTS credits or equivalent:** in countries where the "ECTS" system it is not in place, in particular for institutions located in Partner Countries not participating in the Bologna process, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a web link to an explanation to the system should be added.

⁵ **Responsible person at the sending institution:** this person is responsible for signing the Learning Agreement, amending it if needed and recognising the credits and associated learning outcomes on behalf of the responsible academic body as set out in the Learning Agreement. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

⁶ **Supervisor at the Receiving Organisation:** this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate. The name and email of the Supervisor must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.