|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **xTrainee** | **Last name(s)** | **First name(s)****Learning Agreement** **Student Mobility for Traineeships** | **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]](#endnote-1) name; position;****e-mail; phone (chef de service hospitalier)** |
| Sorbonne Université  | Health Sciences  | 91, bd de l’Hôpital 75013 PARIS | France | [ ]  < 250 employees[x]  > 250 employees | Estelle MASSE, Incoming Mobility Manager, Faculté de santé Sorbonne Université, estelle.masse@sorbonne-universite.fr + 33 7 77 84 87 78 |  |
| **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]](#endnote-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]](#endnote-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]](#endnote-4) | Give a grade based on: Traineeship certificate [ ]  Final report [ ]  Interview [ ]    |
| 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 [ ]  No [ ]  |

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

|  |  |
| --- | --- |
| Award ECTS credits (or equivalent): Yes [ ]  No [ ]   |  If yes, please indicate the number of credits: …. |
| Give a grade: Yes [ ]  No [ ]   | If yes, please indicate if this will be based on: Traineeship certificate [ ]  Final report [ ]  Interview [ ]    |
| Record the traineeship in the trainee's Transcript of Records: Yes [ ]  No [ ]   |
| Record the traineeship in the trainee's Diploma Supplement (or equivalent). |
| Record the traineeship in the trainee's Europass Mobility Document: Yes [ ]  No [ ]   |

1. 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 [ ]  No [ ]   | If yes, please indicate the number of credits: …. |
| Record the traineeship in the trainee's Europass Mobility Document *(highly recommended)*: Yes [ ]  No [ ]  |

**Accident insurance for the trainee**

|  |  |
| --- | --- |
| The Sending Institution will provide an accident insurance to the trainee: Yes [x]  No [ ]   | The accident insurance covers: - accidents during travels made for work purposes: Yes [x]  No [ ]  - accidents on the way to work and back from work: Yes [x]  No [ ]  |
| The Sending Institution will provide a liability insurance to the trainee Yes [x]  No [ ]  |

 |
| ***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 [x]  No [ ]   | If yes, amount (EUR/month):  4th year student: 217 EUR/month [ ]  5th year student: 267 EUR/month [ ]  6th year student: 326 EUR/month [ ]  |
| 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. |

 |

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| --- |
| 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 |   |  | *Trainee* |   |  |
| Responsible person[[5]](#endnote-5) at the Sending Institution |   |   |   |   |  |
| Supervisor[[6]](#endnote-6) at the Receiving Organisation |  Katarzyna Le Cadet, on behalf of Pr Bruno Riou |  medecine-international@sorbonne-universite.fr |  Dean, Faculty of Health Sciences |   | Katarzyna Le Cadet, on behalf of Pr Bruno Riou |

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**

|  |
| --- |
| ***Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **Name of the trainee:** |
| **Name of the Receiving Organisation:** Sorbonne Université – Faculty of Health Sciences |
| **Address of the Receiving Organisation:** 91 Bd de l’Hôpital, 75013 Paris |
| **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. [↑](#endnote-ref-1)
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> [↑](#endnote-ref-2)
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. [↑](#endnote-ref-3)
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. [↑](#endnote-ref-4)
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. [↑](#endnote-ref-5)
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. [↑](#endnote-ref-6)