GUIDELINES

LEARNING AGREEMENT FOR TRAINEESHIPS

Write your name & last name

These guidelines are intended to help the student and the internship company in the process of filling in the learning agreement for traineeships. It is the student's responsibility to ensure that all sections are filled in.

After filling in his/her part, the student contacts the company and arranges for the company to fill in the information in "The receiving organisation/enterprise" in section " I. PROPOSED MOBILITY PROGRAMME", and get the necessary signature in section "III. COMMITMENT OF THE THREE PARTIES".

Sections marked with yellow = the student

Sections marked with green = the company /the HEI/ Or other

The Trainee

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex [*M/F/U*]		Academic year	**2025-2026 or 2026-2027**
Study cycle		Subject area, Code	**https://ec.europa.eu/assets/eac/education/tools/iscedf/cod**
Phone		E-mail	

Nationality: Country to which you belong administratively and that issues you ID card and/or passport.

Study cycle: If 2-year programme, write 'Short'. If top-up programme or full bachelor degree, write 'First'; if you are a post graduate write 'Second' ,for doctorate write 'third cycle'.

Short cycle (EQF level 5) / bachelor or equivalent first cycle (EQF level 6) / master or equivalent second cycle (EQF level 7) / doctorate or equivalent third cycle (EQF level 8) - specify the latest study cycle for recent graduates.

Lisans **için: EQF level 6 Yüksek lisans için: (EQF level 7) Doktora için: EQF LEVEL 8)**

Subject area: Programme of study

The Sending /Beneficiary Institution (GÖNDEREN KURUM)

Name	**Balıkesir University**	Faculty /Enstitü	
Erasmus code (if applicable)	**TR BALIKES01**	Department	Bölümü mutlaka yazınız.
Address	**International Office Çağış Kampüsü, Rektörlük 5. Kat, 10145 Balıkesir, Turkey**	Country, Country code	**Turkey, TR**
Contact person name	**Ece KANBUR**	Contact person E-mail / phone	**ecegormez@balikesir.edu.tr +90 266 612 1400/EXT:101621**

Contact person: Your contact person in connection with your internship, the internship supervisor

Department: Your programme of study

The Receiving Organisation/Enterprise (Kabul Eden Kurum)

This section must be filled in by the student, but the student may need to contact the company/HEI/ or other institution in order to get all the necessary information.

Name Sector[1]		Department	
Address, website		Country	
Size of enterprise			
Contact person name / position		Contact person e-mail / phone	
Mentor name / position		Mentor e-mail / phone	

Size of enterprise : number of employees at the company, for instance, 1-50 / 51-500 / more than 500 employees. If you do not have this information, ask your contact person at the company.

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 (the person stated in section II. RESPONSIBLE PERSONS - Responsible person in the receiving organisation/enterprise (supervisor)).

Contact person and mentor: can be, but is not necessarily, the same person

Department : the department of the company that you will be working in.

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] ……. till [month/year] …… (ay yıl olarak yazılmalı,gün yazmak tercihe bağlı) **(* select physical mobility unless otherwise specified)**
Number of working hours per week: …
Traineeship title: …
Detailed programme of the traineeship period…
Knowledge, skills and competences to be acquired by the trainee at the end of traineeship …
Monitoring plan …
Evaluation plan …

Planned period of the mobility: Please fill in this part with the exact start and end date of the mobility day (*optional)/month/year.

Traineeship title: if you do not have a specific job title, please write "trainee"

Detailed programme…: What you will be doing whilst at the company (hedefler)

Knowledge, skills and…: What will you have learned at the end of the internship(kazanımlar)

Monitoring plan: How you and your work at the company will be monitored

Evaluation plan: How you and your work in the company be evaluated.

Language competence of the trainee

The level of language competence[1] in ……*…….. *[workplace main language]* that the trainee already has or agrees to acquire by the start of the mobility period is:
A1 ☐ A2 ☐ B1 ■ (minimum) B2 ☐ C1 ☐ C2 ☐

*** The main language you will be using at the company.**

[1] For the Common European Framework of Reference for Languages (CEFR) see

http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr

The sending institution (TABLE B)

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

[Please fill in only one of the following boxes depending on whether the traineeship is embedded in the curriculum or is a voluntary traineeship.]

1.

The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to: (Stajınız zorunlu ise ve AKTS karşılığı olacak ise

bu alanı doldurmalısınız)

- Award …….. ECTS credits.
- Give a grade based on: Traineeship certificate ■ Final report ☐ Interview ☐
- Record the traineeship in the trainee's Transcript of Records.
- Record the traineeship in the trainee's Diploma Supplement (or equivalent).
- Record the traineeship in the trainee's Europass Mobility Document Yes ☐ No ■

Amount of ECTS: Please check with your internship counsellor (teacher) or look in your curriculum. Most programmes award 15 ECTS for the internship.
Regarding Europass Mobility Document, please select **'no'**

2.

The traineeship is voluntary and upon satisfactory completion of the traineeship, the institution undertakes to: (Stajınız isteğe bağlı ise, kredisiz ise bu alanı doldurmalısınız)

- Award ECTS credits: Yes ☐ No ☐
  If yes, please indicate the number of ECTS 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), except if the trainee is a recent graduate.

Record the traineeship in the trainee's Europass Mobility Document Yes ☐ No ■ *This is recommended if the trainee will be a recent graduate.*

* If your traineeship is not mandatory but voluntary, this section should not be answered.

3.--Eğer yeni mezun iseniz (*recent graduate) alanı doldurulmalıdır:

- Award ECTS credits: Yes ☐ No ☐
  If yes, please indicate the number of ECTS credits: ….
-
- Record the traineeship in the trainee's Europass Mobility Document Yes ☐ No ■

The receiving organisation/enterprise (TABLE C) (KABUL EDEN KURUM)

The trainee will receive a financial support for his/her traineeship: Yes ☐ No ☐
If yes, amount in EUR/month: …. (Karşı kurum size finansal destek sağlayacak mı?)(Alacağınız Erasmus hibesi dışında) (Evet ise ne kadar?)

The trainee will receive a contribution in kind for his/her traineeship: Yes ☐ No ☐
If yes, please specify: ….(Ayni yardım (para dışı,kalacak yer, araba vb) alacak mısınız?)

Is the trainee covered by the accident insurance? Yes ☐ No ☐ (Karşı kurum size kaza sigortası yaptıracak mı?)
If not, please specify whether the trainee is covered by an accident insurance provided by the sending institution: Yes ■ No ☐ (Öğrenci kendi yaptıracaktır.)

The accident insurance covers:
- accidents during travels made for work purposes: Yes ☐ No ☐
- accidents on the way to work and back from work: Yes ☐ No ☐

Is the trainee covered by a liability insurance? Yes ■ No ☐ (Mesuliyet sigortanız / mali sorumluluk sigortanız var mı) (Öğrenci kendi yaptıracaktır.)

The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee.

Upon completion of the traineeship, the organisation/enterprise undertakes to issue a Traineeship Certificate by …. [*maximum 5 weeks after the traineeship*].

II. RESPONSIBLE PERSONS-COMMITMENT

Responsible person in the sending institution/ beneficiary organization

Departmental Coordinator

Name: Function: Erasmus+ Departmental Coordinator

Phone number: E-mail:

Institutional Coordinator

Name: Assoc. Prof. İhsan KISADERE, Ph.D. Function: Erasmus+ Institutional Coordinator

Phone number: +90 266 612 1400/101620 E-mail: ihsan.kisadere@balikesir.edu.tr

---Yüksek lisans ve doktora öğrencileri Enstitü Erasmus koordinatörlerinin yanı sıra, ana bilim dalı başkanlarının da onayını alacaklardır.

Responsible person in the receiving organisation/enterprise (supervisor):

Name: Function:

Phone number: E-mail:

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties.

The trainee and receiving organisation/enterprise will communicate to the sending institution any problem or changes regarding the traineeship period.

All parties must sign the section "before the mobility". However, it is not compulsory

to circulate papers with original signatures, scanned copies of signatures are accepted.

The trainee

Trainee's signature Date:

The sending institution

Responsible person's signature (Departmental Coordinator/s) Date:

Responsible person's signature (Erasmus Institutional Coordinator) Date:

The receiving organisation/enterprise

Responsible person's signature	Date:

(Bu alan doldurulmayacak) (Gerekir ise stajda doldurulacak) Section to be completed DURING THE MOBILITY

EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT

THIS SECTION SHOULD ONLY BE USED, IF THERE ARE CHANGES IN THE RESPONSIBLE PERSONS

OR IN CASE IT IS NECESSARY TO INTRODUCE CHANGES TO THE ORIGINAL TRAINEESHIP

PROGRAMME.

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] ……. till [month/year] ……
Number of working hours per week: …
Traineeship title: …
Detailed programme of the traineeship period…
Knowledge, skills and competences to be acquired by the trainee at the end of traineeship …
Monitoring plan …
Evaluation plan …

The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the mobility programme are approved.

Approval by e-mail or signature from the trainee, the responsible person in the sending institution and the responsible person in the receiving organisation/enterprise.

II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:

New responsible person in the sending institution:

Name:	Function:
Phone number:	E-mail:

New responsible person in the receiving organisation/enterprise:

Name:	Function:
Phone number:	E-mail:

The trainee

Trainee's signature Date:

The sending institution

Responsible person's signature (Departmental Coordinator/s) Date:

Responsible person's signature (Erasmus Institutional Coordinator) Date:

The receiving organisation/enterprise

Responsible person's signature Date:

Section to be completed AFTER THE MOBILITY (DÖNÜŞ BELGESİ ÖRNEĞİ)

TRAINEESHIP CERTIFICATE (Katılım sertifikası dönüşte getirilecek belgedir,örnek niteliğindedir. Değerlendirme formunu içermelidir.)

The receiving organisation (company) must send a Traineeship Certificate to the student within a maximum of 5 weeks after successful completion of the traineeship.

Name of the trainee:

Name of the receiving organisation/enterprise:

Sector of the receiving organisation/enterprise:

Address of the receiving organisation/enterprise *[street, city, country, phone, e-mail address]***, website:**

Start and end of the traineeship:
from *[day/month/year]* ..... till *[day/month/year]* .....

Traineeship title:

Detailed programme of the traineeship period including tasks carried out by the trainee:

*

Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):

*

Evaluation of the trainee:

Skill	Excellent	Good	Satisfactory	Poor
Academic skills /Expertise				
Analytical skills				
Initiative				

	Adaptability					
	Decision-making skills					
	Strategic-organisational skills					
	Communication skills					
	ICT skills					
	Foreign language skills					
	Teamwork skills					
	Innovative and creative skills					

Date:

Name and signature of the responsible person at the receiving organisation/enterprise:

*** if the programme, tasks and learning outcomes are in correspondence with the internship contract, merely write "In accordance with the internship contract".**

-**LA'**yı bölüm koordinatör/leriniz imzalamadan bize imza için sunmayınız. Bu belgeden iki adet hazırlanacak ve el yazısı kullanılmayacaktır.