



UNIVERSITÀ
DEGLI STUDI
DI TRIESTE



Dipartimento di
Scienze della vita



Erasmus+

Traineeship

ERASMUS+ Traineeship INFO DAY

March 15th, 2023

F. Cesca, PhD

DSV Delegate for International Mobility



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WHEN: For the new call, it will be possible to apply within 4 'windows' (dates will be announced by the Int. Mobility Office). The Mobility has to be concluded by October 31st, 2024

WHO: Students enrolled for the 22-23 and 23-24 a.y. (not before)

*For the post-graduation mobility, application must be done before the graduation

WHERE: in all Countries of the Erasmus program. *For the moment, NO CH and UK

For CH: see 'SEMP' call: <https://www.movetia.ch/en/programmes/europe/swiss-programme-for-erasmus/higher-education/mobility>

HOW: No agreement is required, as long as the Institution / Company is in an Erasmus Country, the forms that you will fill in are all you need

****this apply to the present call - check carefully the new call****



Learning Agreement Student Mobility for Traineeships

Higher Education:
Learning Agreement form
Student's name
Academic Year/.....

| Trainee | Last name(s) | First name(s) | Date of birth | Nationality ¹ | Sex [M/F] | Study cycle ² | Field of education ³ |
|--|--------------|------------------------|--|--------------------------|--|--|---|
| Sending Institution | Name | Faculty/ Department | Erasmus code ⁴ (if applicable) | Address | Country | Contact person name ⁵ ; email; phone | |
| | | | I TRIESTE 01 | | ITALY | | |
| Receiving Organisation /Enterprise | Name | Department | Address; website | Country | Size | Contact person ⁶ name; position; e-mail; phone | Mentor/Tutor ⁷ name; position; e-mail; phone |
| | | | | | <input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees | | |
| Operations office (site of the training) | | | | | | | |

** ALL FIELDS have to be filled in

** YOU fill in the form

This is the project title (not 'trainee')

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise

Planned period of the mobility: from [month/year] to [month/year]

Traineeship title: ...

Number of working hours per week: ...

Detailed programme of the traineeship:

This is the detailed programme: few lines for background and approach

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Monitoring plan:

Evaluation plan:

The level of **language competence**⁸ 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

This cannot be after Oct 31st 2024

You need to stay longer: apply to the following call while you're out

Table B - Sending Institution
Please use only one of the following three boxes:⁹

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

| | |
|---|---|
| Award ECTS credits (or equivalent) ¹⁰ | Give a grade based on: Traineeship certificate <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | If yes, please indicate the number of credits: / |
| Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Accident insurance for the trainee

| | |
|---|--------------------------------|
| The Sending Institution will provide an accident insurance to the trainee (if | The accident insurance covers: |
|---|--------------------------------|

1

→ This depends on the rules of your MD
For example, for NS: 27 CFU for 8 months
(about 3,4 CFU / month)

If you stay longer: more CFU can be awarded provided you ask for 'CFU sovranumerari' *in due time*

You can obtain all your CFU within the Erasmus programme. If you stay longer at your expenses, we will need a statement from your PI, confirming that you have spent at least 8 months in his/her laboratory.



**Higher Education:
Learning Agreement form**
Student's name
Academic Year/.....

| | |
|---|--|
| not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

Table C - Receiving Organisation/Enterprise

| The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> | | If yes, amount (EUR/month): | | | |
|---|------|---|----------------|------|-----------|
| The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| If yes, please specify: | | | | | |
| The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/> | | The accident insurance covers: | | | |
| | | - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | | - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee. | | | | | |
| Upon completion of the traineeship, the Organisation/Enterprise 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/Enterprise 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/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries). | | | | | |
| Commitment | Name | Email | Position | Date | Signature |
| Trainee | | | <i>Trainee</i> | | |
| Responsible person ¹¹ at the Sending Institution (Supervisor for PhD students) | | | | | |
| Coordinator of the PhD program (only for PhD students) | | | | | |
| Supervisor ¹² at the Receiving Organisation (Stamp and signature) | | | | | |

As of now, this is the signature of the Dept. Delegate for Int. Mobility (myself)

**Remember: you have to identify a reference person within UniTS, who will be your 'relatore'. The 'relatore' does not sign this form (unless it's me).

The PI abroad will be your 'co-relatore'

**you have to fill in the 'modulo di inizio internato' BEFORE leaving – this is signed by your relatore and co-relatore



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