



Universidad de Valladolid  
Servicio de Relaciones Internacionales

PRÁCTICAS  
INTERNACIONALES

# ANEXOS



# COMPANY AGREEMENT FORM

**TRAINEESHIP OFFER for:**

Name and Surname of the Trainee: .....

Traineeship period: ..... months. Starting from: .....

(any date within 01/06/2017 – 30/09/2018)

Working hours per week (18-40 hours per week): .....

**Traineeship title:** .....

Detailed programme of the training period: .....

.....

Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship:

.....

.....

Monitoring plan: .....

Evaluation plan: .....

**Main language of the traineeship:** .....

The candidate has an adequate knowledge of ..... language to carry out the training placement at our company.

Name of contact person: .....

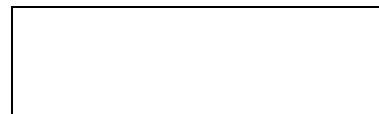
Contact person's email: .....

We hereby confirm that we are willing to host Mr/Ms ..... student of the University of Valladolid, as a trainee in our company, if he/she obtains an Erasmus+ status under the University of Valladolid's Erasmus+ Mobility for traineeship scheme. We intend to entrust him/her with tasks and responsibilities according to his/her studies, qualifications and knowledge and as specified in the traineeship offer above.

Date: ..... Name of signee (supervisor): .....

Signature:

Company stamp:





## Compromiso de Reconocimiento de la Práctica TRAINING AGREEMENT

Datos del estudiante

Curso académico: 2017 / 2018

NOMBRE:
APELLIDOS:
DNI:

Universidad de Valladolid - Centro .....

Empresa / Institución de acogida.....

Ciudad..... País.....

Una vez concluido satisfactoriamente el programa de formación, el Centro reconocerá el periodo de formación por:

.....

**Institución de origen**

**Firma del coordinador departamental**

Fecha:

Sello:

**Firma del coordinador institucional**

Fecha:

Sello:

**Firma del estudiante:**

**ATENCIÓN:**

- Original para el Coordinador de Relaciones Internacionales del Centro
- El alumno debe quedarse con una copia de este documento
- **MUY IMPORTANTE:** Adjuntar otra copia de este documento al impreso de matrícula en la Secretaría de tu Centro



## LETTER OF ARRIVAL

Name of the host Institution/Company:.....

### It is hereby certified that

Mr./Ms.: .....

is an ERASMUS trainee at our Institution/Company:

between ....., ....., 20.... and ....., ....., 20....  
day month year day month year

Date: .....

Stamp and signature:

Name of the signatory: .....

Function: .....

To be sent to:

**Servicio de Relaciones Internacionales**  
Casa del Estudiante. C/ Real de Burgos s/n.  
47011 Valladolid (España)  
Fax.: 34 983 423748  
[practicas.erasmus@uva.es](mailto:practicas.erasmus@uva.es)

### **ATENCIÓN:**

- La fecha de firma debe ser igual a la fecha de inicio de las prácticas.
- No se procederá al pago de la ayuda financiera si no se remite este impreso
- Al finalizar las prácticas entregar el original en el Servicio de Relaciones Internacionales



## LEARNING AGREEMENT FOR TRAINEESHIPS

### The Trainee

Last name (s)		First name (s)	
Date of birth		Nationality <sup>1</sup>	
Sex [M/F]		Academic year	20../20..
Study cycle <sup>2</sup>		Subject area, Code <sup>3</sup>	
Phone		E-mail	

### The Sending Institution

Name	<b>Universidad de Valladolid</b>	Faculty	
Erasmus code	<b>E VALLADO01</b>	Department	International Relations Office
Address	Casa del estudiante. C/Real de Burgos s/n 47011 Valladolid	Country, Country code <sup>4</sup>	ES
Contact person name	Mar Fernández	Contact person E-mail / phone	<a href="mailto:relint@uva.es">relint@uva.es</a> 34-983-423920

### The Receiving Organisation/Enterprise

Name		Department	
Address, website		Country	
Size of enterprise <sup>5</sup>		Sector <sup>6</sup>	
Contact person <sup>7</sup> name / position		Contact person e-mail / phone	
Mentor <sup>8</sup> name / position		Mentor e-mail / phone	

For guidelines, please look at Annex 1, for end notes please look at Annex 2.



Universidad de Valladolid

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## PRÁCTICAS INTERNACIONAL

Higher Education  
Learning Agreement form - UVA  
Trainee's name:

### Section to be completed BEFORE THE MOBILITY

#### I. PROPOSED MOBILITY PROGRAMME

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

#### Language competence of the trainee

The level of language competence<sup>9</sup> in ..... [*workplace main language*] that the trainee already has or agrees to acquire by the start of the mobility period is:

A1  A2  B1  B2  C1  C2

#### The sending institution

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

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

- Award ..... ECTS credits.
- Give a grade based on: Traineeship certificate
- 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

#### The receiving organisation/enterprise

The trainee will receive a financial support for his/her traineeship: Yes  No

If yes, amount in EUR/month: ....

The trainee will receive a contribution in kind for his/her traineeship: Yes  No



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# PRÁCTICAS INTERNACIONAL

Higher Education Learning Agreement form - UVA  
Trainee's name:

If yes, please specify: ....

Is the trainee covered by the accident insurance? Yes  No

If not, please specify whether the trainee is covered by an accident insurance provided by the sending institution: Yes  No

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

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

**Responsible person<sup>10</sup> in the sending institution:**

Name: \_\_\_\_\_ Function: \_\_\_\_\_  
Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Responsible person<sup>11</sup> 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.

<b>The trainee</b>	
Trainee's signature	Date:
<b>The sending institution</b>	
Responsible person's signature	Date:
<b>The receiving organisation/enterprise</b>	
Responsible person's signature	Date:



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# PRÁCTICAS INTERNACIONAL

Higher Education Learning Agreement form - UVa  
Trainee's name:

## Section to be completed DURING THE MOBILITY EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT

### I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

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

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.

<b>The trainee</b> Trainee's signature _____ Date: _____
<b>The sending institution</b> Responsible person's signature _____ Date: _____
<b>The receiving organisation/enterprise</b> Responsible person's signature _____ Date: _____

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

<b>New responsible person in the sending institution:</b>
Name: _____ Function: _____
Phone number: _____ E-mail: _____

<b>New responsible person in the receiving organisation/enterprise:</b>
Name: _____ Function: _____
Phone number: _____ E-mail: _____





## Section to be completed AFTER THE MOBILITY

### TRAINEESHIP CERTIFICATE

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):



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## **PRÁCTICAS INTERNACIONAL**

**Higher Education  
Learning Agreement form - UVa**  
*Trainee's name:*

**Evaluation of the trainee:**

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

**Signature and Stamp:**

**Date:**

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## Annex 2: End notes

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<sup>1</sup> **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

<sup>2</sup> **Study 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) – for recent graduates, specify the latest study cycle.

<sup>3</sup> The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at [http://ec.europa.eu/education/tools/isced-f\\_en.htm](http://ec.europa.eu/education/tools/isced-f_en.htm) should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the trainee by the sending institution.

<sup>4</sup> **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

<sup>5</sup> The size of the enterprise could be, for instance, 1-50 / 51-500 / more than 500 employees.

<sup>6</sup> The list of top-level **NACE sector codes** is available at: [http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST\\_NOM\\_DTL&StrNom=NACE\\_REV2&StrLanguageCode=EN](http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN).

<sup>7</sup> **Contact person:** a person who can provide administrative information within the framework of Erasmus traineeships.

<sup>8</sup> **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.

<sup>9</sup> For the Common European Framework of Reference for Languages (**CEFR**) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

<sup>10</sup> **Responsible person in 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.

<sup>11</sup> **Responsible person in the receiving organisation (supervisor):** this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate.



# MOBILITY FOR GRADUATES

## 1. THIS MOBILITY DOCUMENT IS AWARDED TO

Surname(s)

First Name

Id Number

Nationality

Address (house number, street name, postcode, city, country)

Date of birth

dd

mm

yyyy

Email

Degree

## 2. THIS MOBILITY DOCUMENT IS ISSUED BY

Name of the issuing organisation

UNIVERSIDAD DE VALLADOLID

PIC Mobility number

999862809

## 3. THE PARTNER ORGANISATIONS OF THE MOBILITY ARE

**SENDING PARTNER** (organisation initiating the mobility experience in the country of origin)

Name and address

Universidad de Valladolid  
Plaza de Santa Cruz, 8  
47002 Valladolid

Stamp and/or signature

Surnames and first name of reference person

José Ramón González García

Title/position

Vice Rector

Telephone

+34 983 423920

E-mail

relint@uva.es

**HOST PARTNER** (organisation receiving grant holder Mobility in the host country)

Name and address

Stamp and/or signature

Telephone

E-mail

Name of the Student:



4. DESCRIPTION OF SKILLS AND COMPETENCES ACQUIRED DURING THE MOBILITY EXPERIENCE

Objective of the Mobility experience

Duration of the Mobility experience

From 

--	--	--

To 

--	--	--

dd mm yyyy

dd mm yyyy

Activities/tasks carried out

Job-related skills and competences acquired (e.g Job-related, language, computer, organizational, social skills, etc)

Other information

Performance of the trainee (Compulsory for the host partner)

Signature of the sending institution

[Stamp]

Date

--	--	--

dd mm yyyy

Signature of the holder

[Name and Surname]

Date

--	--	--

dd mm yyyy

Signature of the host partner

[Stamp]

Date

--	--	--

dd mm yyyy



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PRÁCTICAS  
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## CARTA DE RENUNCIA PRÁCTICAS ERASMUS / INTERNACIONALES

NOMBRE: .....  
APELLIDOS: .....  
DNI: .....  
CENTRO: .....  
CONVOCATORIA: 2017/2018

### RENUNCIO:

A la movilidad de PRÁCTICAS ERASMUS/INTERNACIONAL concedida en la  
empresa: .....  
en.....

En ..... a, ..... de ..... de 201...

Fdo:.....

### NOTA:

- Es obligatorio adjuntar el original de la carta de concesión. En caso de no tenerlo, exponer los motivos por los que no se adjuntan.
- Entregar en el Registro General de la Universidad de Valladolid.