

Learning Agreement

1. Information about the participant	
Contact details of the home organisation	
Name of organisation	Municipality of Acireale
Address	
Telephone/fax	
E-mail	
Website	
Contact person	
Telephone/fax	
E-mail	
Contact details of the host organisation (Company)	
Name of organisation	
Address	
Telephone/fax	
E-mail	
Website	
Contact person	
Telephone/fax	
E-mail	
Telephone/fax	

E-mail	
Contact details of the beneficiary (participant)	
Name	
Address	
Telephone/fax	
E-mail	
Date of birth	(dd/mm/yyyy)
Please tick	<input type="checkbox"/> Male <input type="checkbox"/> Female
Contact details of parents or legal guardian of the participant, if applicable	
Name	
Address	
Telephone	
E-mail	
If an intermediary organisation is involved, please provide contact details (MCAST for Italian beneficiaries and Sicilian partners for Maltese beneficiaries)	
Name of organisation	
Address	
Telephone/fax	
E-mail	
Website	
Contact person	
Telephone/fax	
E-mail	
2. Duration of the learning period abroad	
Start date of the training abroad	(dd/mm/yyyy)
End date of the training abroad	(dd/mm/yyyy)

Length of time abroad	(number of weeks)
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3. The qualification being taken by the learner - including information on the learner's progress (knowledge, skills and competence already acquired)

Title of the qualification being taken by the learner (please also provide the title in the language of the partnership, if appropriate)	Qualification: Title:
EQF level (if appropriate)	4 EQF - 8 EQF
NQF level (if appropriate)	
Information on the learner's progress in relation to the learning pathway (Information to indicate acquired knowledge, skills, competence could be included in an annex)	
Enclosures in annex - please tick as appropriate	<input type="checkbox"/> Europass Certificate Supplement <input checked="" type="checkbox"/> Europass CV <input type="checkbox"/> Europass Mobility <input type="checkbox"/> Europass Language Passport <input type="checkbox"/> European Skills Passport <input type="checkbox"/> (Unit[s] of) learning outcomes already acquired by the learner <input type="checkbox"/> Other: Motivation Letter and Participant Presentation

4. Description of the learning outcomes to be achieved during mobility

Title of unit(s)/groups of learning outcomes/parts of units to be acquired	
Number of ECVET points to be acquired while abroad	Please specify (if appropriate)
Learning outcomes to be achieved	
Description of the learning activities (e.g. information on location(s) of learning, tasks to be completed and/or courses to be attended)	
Enclosures in annex - please tick as appropriate	<input checked="" type="checkbox"/> Description of unit(s)/groups of learning outcomes which are the focus of the mobility <input checked="" type="checkbox"/> Description of the learning activities <input type="checkbox"/> Individual's development plan when abroad <input type="checkbox"/> Other:

5. Assessment and documentation

Person(s) responsible for assessing the learner's performance	Name for the person in charge of the evaluation process: _____
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	Organisation, role:
Assessment of learning outcomes	Date of assessments First Assessment (after 3 months from the beginning of the internship) ____/____/____/
	Second Assessment (at the end of the internship) ____/____/____/
	Method: Valutazione dei LO professionali attraverso rilevazione di specifici indicatori di performance <i>Assessment of the professional LO through specific performance indicators (see Assessment and self-assessment form)</i>
How and when will the assessment be recorded?	(if applicable)
Please include	X Scheda di Valutazione / <i>Assessment Form</i> X Scheda di Autovalutazione / <i>Self Assessment Form</i> X Diario di Mobilità (<i>mappatura esperienziale ed emotiva</i>)/ <i>Diary of Mobility</i>

6. Validation and recognition

Person (s) responsible for validating the learning outcomes achieved abroad	
	Organisation, role:
How will the validation process be carried out?	
Recording of validated achievements	Date: qualche giorno dopo il rientro dalla mobilità / <i>a few days after the participants return</i>
	Method:
Person(s) responsible for recognising the learning outcomes achieved abroad	
	Organisation, role:

How will the recognition be conducted?	Certificato Europass Mobilità Europass Mobility Certificate
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7. Signatures

Home organisation/country Municipality of Acireale	Host organisation/country MCAST	Host organisation/Company
Name, role	Name, role	Name, role
Place, date	Place, date	Place, date