**ALLEGATO C**

**Learning Agreement**

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| 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 | ☐ Male  ☐ 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 |  |

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| 1. **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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| 1. **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 | ☐ Europass Certificate Supplement  X Europass CV  ☐ Europass Mobility  ☐ Europass Language Passport  ☐ European Skills Passport  ☐ (Unit[s] of) learning outcomes already acquired by the learner  ☐ Other: **Motivation Letter and Participant Presentation** |

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| 1. **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 | X Description of unit(s)/groups of learning outcomes which are the focus of the mobility  X Description of the learning activities  ☐ Individual’s development plan when abroad  ☐ Other: |

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| 1. **Assessment and documentation** | |
| Person(s) responsible for assessing the learner’s performance | Name fo the person in charge of the evaluation process: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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  *Assessment of the professional LO through specific performance indicators (see Assessment and self-assessment form)* |
| How and when will the assessment be recorded? | (if applicable) |
| Please include | X Scheda di Valutazione */ Assessment Form*  *X* Scheda di Autovalutazione */ Self Assessment Form*  *X* Diario di Mobilità *(mappatura esperienziale ed emotiva)/Diary of Mobility* |

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| 1. **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 /  *a few days after the participants return* |
| 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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| 1. **Signatures** | | | |
| **Home organisation/country**  **Municipality of Acireale** | **Host organisation/country**  **MCAST** | **Host organisation/Company** | **Participant** |
|  |  |  |  |
| Name, role | Name, role | Name, role | Name |
|  |  |  |  |
| Place, date | Place, date | Place, date | Place, date |
|  |  |  |  |