**Learning Agreement**

**Traineeships 2024/25**

 Complete all sections highlighted in blue

|  |  |  |
| --- | --- | --- |
| **Trainee**  | **Last name(s)** | **First name(s)** |
|  |  |
| **Home University** | **Name** | **Home Department** | **Address** | **Academic Coordinator name; email; phone** |
| SWANSEA UNIVERSITY |  | SINGLETON PARK, SWANSEA SA2 8PP, UK |  |
| **Host Organisation** | **Name and website** | **Address** | **General Contact Information** |
|  |  | NAME:POSITION:EMAIL:PHONE: |
| Organisation Size | Department | **Mentor Information** |
| [ ]  < 250 employees[ ]  > 250 employees |  | NAME:POSITION:EMAIL:PHONE: |
| **SECTION A – COMPLETE THIS BEFORE STARTING YOUR PLACEMENT**  |
| ***Traineeship Programme at Host Organisation*****Planned period of the mobility: from to**  |
| **Traineeship title: …** | **Number of working hours per week:**  |
| **Detailed programme of the traineeship:** |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):** |
| **Monitoring plan:** |
| **Evaluation plan:** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Swansea University’s Commitment**Swansea University provides Travel Cover for all students taking part in authorised placements abroad. Additionally, Swansea University has Public Liability cover in place in the event that a claim is made against a student on a placement authorised by the University as part of the student’s course; though it should be noted that the primary cover is expected to be held by the supervising host. |
| **Host Organisation’s Commitment**The host organisation will ensure that appropriate equipment and support is available to the trainee. Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a completed Transcript of Work within 5 weeks after the end of the traineeship.

|  |  |
| --- | --- |
| The host organisation will provide financial support to the trainee for the traineeship: Yes [ ]  No [ ]   | If yes, amount (per month): ……….. |
| The host organisation will provide a contribution in kind to the trainee for the traineeship: Yes [ ]  No [ ]  If yes, please specify: …. |
| The host organisation will provide an accident insurance to the trainee: 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 [ ]  |
| The host organisation will provide a liability insurance to the trainee: Yes [ ]  No [ ]  |

 |
| **Signatures of the parties**By signing this document, the trainee and the Sending Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The trainee will communicate to the Sending Institution any problem or changes regarding the traineeship period.  |
| **Commitment** | **Name** | **Position** | **Date** | **Signature** |
| Trainee (Student) |  | Trainee |  |  |
| Responsible personat Swansea University |  | Academic/college coordinator |  |  |

**SECTION B – COMPLETE THIS DURING YOUR PLACEMENT IF CHANGES ARE MADE TO ORIGINAL TRAINING AGREEMENT**

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| ***Table A2 - Exceptional Changes to the Traineeship Programme at Host Organisation***(to be approved by signature of the student, the responsible person in Swansea University and the responsible person in the host organisation) |
| **Traineeship title: …** | **Number of working hours per week: …** |
| **Detailed programme of the traineeship:** |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):** |
| **Monitoring plan:** |
| **Evaluation plan:** |
| **Changes approved** | **Name** | **Position** | **Date** | **Signature** |
| Trainee (Student) |  | Trainee |  |  |
| Responsible personat Swansea University |  | Academic/college coordinator |  |  |
| Supervisor at Host Organisation |  |  |  |  |

Please complete and return this form to studyabroad@swansea.ac.uk