**Learning Agreement**

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| 1. **Information about the participants** | |
| Contact details of the home organisation | |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person |  |
| Telephone/fax |  |
| E-mail |  |
| Contact details of the host organisation | |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person |  |
| Tutor/mentor |  |
| Telephone/fax |  |
| E-mail |  |
| Contact details of the learner | |
| Name |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Date of birth | (dd/mm/yyyy) |
| Please tick | ☐ Male  ☐ Female  Undefined |
| Contact details of parents or legal guardian of the learner, if applicable | |
| Name |  |
| Address |  |
| Telephone |  |
| E-mail |  |
| If an intermediary organisation is involved, please provide contact details | |
| 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) |  |
| EQF level (if appropriate) | Not currently applicable in Belgium (Fédération Wallonie-Bruxelles). |
| NQF level (if appropriate) | Not currently applicable in Belgium (Fédération Wallonie-Bruxelles). |
| 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  ☐ Europass CV  ☐ Europass Mobility (previously obtained by the participant)  ☐ Europass Language Passport  ☐ European Skills Passport  ☐ (Unit[s] of) learning outcomes already acquired by the learner  ☐ Other: please specify |

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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 | Normally not currently applicable in Belgium (Fédération Wallonie-Bruxelles), except for providers organizing qualification by units (CPU). |
| 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 | ☐ Description of unit(s)/groups of learning outcomes which are the focus of the mobility  ☐ Description of the learning activities  ☐ Individual’s development plan when abroad  ☐ Other: please specify |

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| 1. **Assessment and documentation** | |
| Person(s) responsible for assessing the learner’s performance | Name: |
| Organisation, role: |
| Assessment of learning outcomes | Date of assessment: dd/mm/yyyy |
| Method: Please specify |
| How and when will the assessment be recorded? |  |
| Please include | ☐ Detailed information about the assessment procedure (e.g. methods, criteria, assessment grid)  ☐ Template for documenting the acquired learning outcomes (such as the learner’s transcript of record or Europass Mobility)  ☐ Individual’s development plan when abroad  ☐ Other: Please specify |

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| 1. **Validation and recognition** | |
| Person (s) responsible for validating the learning outcomes achieved abroad | Name: Please insert |
| Organisation, role: Please specify |
| How will the validation process be carried out? | Please specify |
| Recording of validated achievements | Date: dd/mm/yyyy |
| Method: Please specify |
| Person(s) responsible for recognising the learning outcomes achieved abroad | Name: Please insert |
| Organisation, role: Please specify |
| How will the recognition be conducted? | Please specify |

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| 1. **Signatures** | | |
| **Home organisation/country** | **Host organisation/country** | **Learner** |
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| Name, role | Name, role | Name |
|  |  |  |
| Place, date | Place, date | Place, date |
|  |  |  |

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| **If applicable: Intermediary organisation** | **If applicable: Parent or legal guardian** |
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| Name, role | Name, role |
|  |  |
| Place, date | Place, date |
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| 1. **Additional information** |

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| 1. **Annexes** |