

# ERASMUS+ INTERNSHIP MOBILITY AND EUROPEAN INTERNSHIP CONSORTIA

ORIENTATION PROGRAMME

INTERNATIONAL OFFICE

## Important Informations:

- ✓ **Sending Institution:** *Istanbul Kültür University*
- ✓ **Erasmus ID Code:** *TR ISTANBU19*
- ✓ **Institutional Coordinator:** *Seçkin Taygun Altıntaş*

## INTERNATIONAL OFFICE

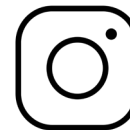
*Ataköy Campus, E5 Karayolu üzeri Bakırköy 34158  
İstanbul  
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*@ikuinternational*



# ERASMUS+ TRAINEESHIP MOBILITY



## ERASMUS+ INTERNSHIP LETTER OF ACCEPTANCE

TABLE A : Information on Accepted Student (To be filled by the student)	
Name Surname	
University	
Department / Program	
Student ID	

TABLE B : Information on Receiving Institution	
Name	
Address	
Website	
Area/s of Activity (Education, Import, Export, Manufacturing...etc.)	

TABLE C : Information on Internship (To be filled by the Supervisor at the Receiving Institution)		
Name Surname / Position of the Intern's Supervisor		
Supervisor's Contact Details	E-mail	
	Phone	
Department (Please indicate if the intern will be assigned to a specific department)		
Intern's Main Areas of Responsibility (anticipated)		
Duration of the Internship	Beginning Date	__/__/__
	Ending Date	__/__/__
Required Language Knowledge		
Skills & Knowledge to be acquired at the end of the Internship		
Signature of the Supervisor		
	(Date, Signature, Stamp of the Institution)	

## • BEFORE MOBILITY

- Accaptence Letter
- Learning Agreement (Before Mobility)
- Healt Insurance Sağlık Sigortası (must cover accident injuries)
- Passport Cop
- Visa Copy
- Euro Account Informations (İş Bank)
- Grant Agreement

## • (ADDITIONAL/DIFFERENT DOCUMENTS FOR THE EUROPEAN INTERNSHIP CONSORTIUM)

- Application Form (you will sign it when you come to sign grant agreement)
- Euro Pass CV
- 1 (one) photo
- Euro Account Information (Yapı Kredi)


## • DURING MOBILITY

- Learning Agreement (During Mobility) (if there is any change)
- Online Language Exam (OLS)


## • AFTER MOBILITY

- Certificate of Attendance
- Passport Stamps
- Learning Agreement (After Mobility)
- Personel Impression Essay
- Online Language Exam(OLS)
- Erasmus Survey


## Certificate of Attendance




ISTANBUL  
KÜLTÜR  
UNIVERSITY



ECTS Label  
100-120



Erasmus+



TÜRKİYE ULUSAL AJANSI  
TURKISH NATIONAL AGENCY

ERASMUS STUDENT EXCHANGE  
..... ACADEMIC YEAR

*Confirmation of Participation*

It is hereby certified that  
.....  
has completed her/his traineeship within Erasmus Program of  
Work Placement at the firm  
.....  
between  
\_ / \_ /20\_ - \_ / \_ /20\_

DATE	STAMP	FIRM ADDRESS	SUPERVISOR NAME AND SIGNATURE
------	-------	--------------	----------------------------------

- **THE MOBILITY PERIOD IS A MINIMUM OF 60 DAYS**

## COMPREHENSIVE TRAVEL HEALTH INSURANCE

- It should cover the entire history of mobility
- Inpatient treatment should include
- It should include accidents and liability
- 30.000 €
- Read the insurance

## Visa Process

- Requesting a visa letter from the office
- Having a personal process
- Obtaining the most accurate information from consulates
- Entering the host country with an appropriate visa – not tourist as an Erasmus Intern

# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – BEFORE THE MOBILITY



## Learning Agreement Student Mobility for Traineeships

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender [Male/Female/ Undefined]	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocayolu Üzdeğ. Balköyü. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) uib@iku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size <input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone

### Before the mobility

**Table A - Traineeship Programme at the Receiving Organisation/Enterprise**

Planned period of the mobility: from [month/year] ..... to [month/year] .....

Traineeship title: ... Number of working hours per week: ...

Detailed programme of the traineeship:

Traineeship in digital skills<sup>8</sup>: Yes  No

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Monitoring plan:

Evaluation plan:

The level of language competence<sup>9</sup> in \_\_\_\_\_ (indicate here the main language of work<sup>10</sup> that the trainee already has or agrees to acquire by the start of the mobility period is: A1  A2  B1  B2  C1  C2  Native speaker

**Table B - Sending Institution**

Please use only one of the following three boxes:<sup>10</sup>

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

Award \_\_\_\_\_ ECTS credits (or equivalent)<sup>11</sup> Give a grade based on: Traineeship certificate  Final report  Interview

Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).

Record the traineeship in the trainee's **Europass** Mobility Document: Yes  No

2. The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes  No  If yes, please indicate the number of credits: ...

Give a grade: Yes  No  If yes, please indicate if this will be based on: Traineeship certificate  Final report  Interview

Record the traineeship in the trainee's Transcript of Records: Yes  No

Record the traineeship in the trainee's Diploma Supplement (or equivalent).

Record the traineeship in the trainee's **Europass** Mobility Document: Yes  No

3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes  No  If yes, please indicate the number of credits: ...

Record the traineeship in the trainee's **Europass** Mobility Document (highly recommended): Yes  No

Accident insurance for the trainee

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): 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 Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes  No

**Table C - Receiving Organisation/Enterprise**

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes  No  If yes, amount (EUR/month): .....=

The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes  No   
If yes, please specify: ...

The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not 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

The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes  No

The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.

Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the 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. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>11</sup> at the Sending Institution					
Erasmus Institutional Coordinator at the Sending Institution	Seçkin Taygun Altıntaş	s.altintas@iku.edu.tr	Institutional Coordinator		
Supervisor <sup>12</sup> at the Receiving Organisation					

<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).

<sup>3</sup> **Field of education:** 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> **Erasmus code:** a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries.

<sup>5</sup> **Contact person at the sending institution:** a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.

<sup>6</sup> **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.



# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – BEFORE THE MOBILITY



## Learning Agreement Student Mobility for Traineeships

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender [Male/Female/ Undefined]	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocayolu Üzce, Bakırköy, 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) uib@iku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

### Before the mobility

**Table A - Traineeship Programme at the Receiving Organisation/Enterprise**

Planned period of the mobility: from [month/year] ..... to [month/year] .....

Traineeship title: ... Number of working hours per week: ...

Detailed programme of the traineeship:

Traineeship in digital skills<sup>8</sup>: Yes  No

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Monitoring plan:

Evaluation plan:

The level of **language competence<sup>9</sup>** in \_\_\_\_\_ (indicate here the main language of work that the trainee already has or agrees to acquire by the start of the mobility period is: A1  A2  B1  B2  C1  C2  Native speaker

### Table B - Sending Institution

Please use only one of the following three boxes:<sup>10</sup>

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

Award \_\_\_\_\_ ECTS credits (or equivalent)<sup>11</sup> Give a grade based on: Traineeship certificate  Final report  Interview

Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).

Record the traineeship in the trainee's **Europass** Mobility Document: Yes  No

2. The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes  No  If yes, please indicate the number of credits: \_\_\_\_\_

Give a grade: Yes  No  If yes, please indicate if this will be based on: Traineeship certificate  Final report  Interview

Record the traineeship in the trainee's Transcript of Records: Yes  No

Record the traineeship in the trainee's Diploma Supplement (or equivalent).

Record the traineeship in the trainee's **Europass** Mobility Document: Yes  No

3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes  No  If yes, please indicate the number of credits: \_\_\_\_\_

Record the traineeship in the trainee's **Europass** Mobility Document (highly recommended): Yes  No

Accident insurance for the trainee



## Learning Agreement Student Mobility for Traineeships

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender [Male/Female/ Undefined]	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocayolu Üzce, Bakırköy, 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) uib@iku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – BEFORE THE MOBILITY



## Learning Agreement Student Mobility for Traineeships

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender [Male/Female/ Undefined]	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocayolu Üzüm Balkonu, 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) uib@iku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

### Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise	
Planned period of the mobility: from [month/year] ..... to [month/year] .....	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship:	
Traineeship in digital skills <sup>8</sup> : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	
The level of language competence <sup>9</sup> in _____ (indicate here the main language of work) that the trainee already has or agrees to acquire by the start of the mobility period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>	

### Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise	
Planned period of the mobility: from [month/year] ..... to [month/year] .....	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship:	
Traineeship in digital skills <sup>8</sup> : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	
The level of language competence <sup>9</sup> in _____ (indicate here the main language of work) that the trainee already has or agrees to acquire by the start of the mobility period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>	

### Table B - Sending Institution

Please use only one of the following three boxes:<sup>10</sup>

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

Award _____ ECTS credits (or equivalent) <sup>11</sup>	Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
- The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:
 

Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: _____
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
- The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:
 

Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: _____
Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes <input type="checkbox"/> No <input type="checkbox"/>	

Accident insurance for the trainee

# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – BEFORE THE MOBILITY



## Learning Agreement Student Mobility for Traineeships

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender (Male/Female/ Undefined)	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocayolu Üzcd. Büyükdöğ. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) uib@iku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person name; position; e-mail; phone	Mentor name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

### Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise	
Planned period of the mobility: from [month/year] ..... to [month/year] .....	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship:	
Traineeship in digital skills <sup>6</sup> : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	
The level of language competence <sup>7</sup> in ..... (indicate here the language(s) that the trainee already has or agrees to acquire by the start of the mobility period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Above C2 <input type="checkbox"/> )	

Table B - Sending Institution	
Please use only one of the following three boxes: <sup>10</sup>	
1. The traineeship is <b>embedded in the curriculum</b> and upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ..... ECTS credits (or equivalent) <sup>11</sup>	Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. The traineeship is <b>voluntary</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please indicate the number of credits: ....
Give a grade: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. The traineeship is carried out by a <b>recent graduate</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Accident insurance for the trainee	

### Table B - Sending Institution

Please use only one of the following three boxes:<sup>10</sup>

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

Award ..... ECTS credits (or equivalent) <sup>11</sup>	Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

2. The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please indicate the number of credits: ....
Give a grade: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes <input type="checkbox"/> No <input type="checkbox"/>	

# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – BEFORE THE MOBILITY

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): 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 Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes  No

**Table C - Receiving Organisation/Enterprise**

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes  No  If yes, amount (EUR/month): .....=

The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes  No   
If yes, please specify: .....

The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not 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

The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes  No

The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.

Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the 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. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>12</sup> at the Sending Institution Erasmus Institutional Coordinator at the Sending Institution	Seçkin Taygun Altıntaş	s.altintas@ik.u.edu.tr	Institutional Coordinator		
Supervisor <sup>13</sup> at the Receiving Organisation					

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): 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 Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes  No

**Table C - Receiving Organisation/Enterprise**

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes  No  If yes, amount (EUR/month): .....=

The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes  No   
If yes, please specify: .....

The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not 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

The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes  No

The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.

Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.

<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).

<sup>3</sup> **Field of education:** 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> **Erasmus code:** a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries.

<sup>5</sup> **Contact person at the sending institution:** a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.

<sup>6</sup> **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.

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

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>12</sup> at the Sending Institution Erasmus Institutional Coordinator at the Sending Institution	Seçkin Taygun Altıntaş	s.altintas@ik.u.edu.tr	Institutional Coordinator		
Supervisor <sup>13</sup> at the Receiving Organisation					

# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – DURING THE MOBILITY

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

**Learning Agreement**  
**Student Mobility for Traineeships**

Erasmus+

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender (Male/Female/ Undefined)	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu Uzcu Baskulu 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) jtb@ku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					☐ < 250 employees ☑ > 250 employees		

## During the Mobility

**Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise**  
(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)

Planned period of the mobility: from [month/year] ..... till [month/year] .....

Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship period:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	

Start date and end date of traineeship: from [day/month/year] ..... to [day/month/year] .....

Traineeship title:

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the 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. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>8</sup> at the Sending Institution					
Supervisor <sup>9</sup> at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Erasmus+

Institution	Altıntaş	u.edu.tr	Coordinator		
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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).

<sup>3</sup> **Field of education:** 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> **Erasmus code:** a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries.

<sup>5</sup> **Contact person at the sending institution:** a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.

<sup>6</sup> **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.

<sup>7</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>8</sup> **Responsible person at 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. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

<sup>9</sup> **Supervisor at the Receiving Organisation:** this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate. The name and email of the Supervisor must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.



# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – DURING THE MOBILITY



## Learning Agreement Student Mobility for Traineeships

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender [Male/Female/ Undefined]	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu üzeri, Bakırköy, 34158 İstanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) <a href="mailto:uib@iku.edu.tr">uib@iku.edu.tr</a> +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

During the Mobility

Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise  
(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)

Planned period of the mobility: from [month/year] ..... till [month/year] .....

Traineeship title: ... Number of working hours per week: ...

Detailed programme of the traineeship period:

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Monitoring plan:

Evaluation plan:

Start date and end date of traineeship: from [day/month/year] ..... to [day/month/year] .....

Traineeship title:

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the 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. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>8</sup> at the Sending Institution					
Supervisor <sup>9</sup> at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		



## Learning Agreement Student Mobility for Traineeships

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender [Male/Female/ Undefined]	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu üzeri, Bakırköy, 34158 İstanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) <a href="mailto:uib@iku.edu.tr">uib@iku.edu.tr</a> +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – DURING THE MOBILITY



## Learning Agreement Student Mobility for Traineeships

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Trainee							
	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender [Male/Female/ Undefined]	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution							
	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; e-mail; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu Uzoc Babakü 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) jltb@ku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise							
	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					☐ < 250 employees ☑ > 250 employees		

### During the Mobility

**Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise**  
(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)

Planned period of the mobility: from [month/year] ..... till [month/year] .....

Traineeship title: ...      Number of working hours per week: ...

Detailed programme of the traineeship period:

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Monitoring plan:

Evaluation plan:

Start date and end date of traineeship: from [day/month/year] ..... to [day/month/year] .....

Traineeship title:

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the 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. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>8</sup> at the Sending Institution					
Supervisor <sup>9</sup> at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		

### During the Mobility

**Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise**  
(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)

Planned period of the mobility: from [month/year] ..... till [month/year] .....

Traineeship title: ...      Number of working hours per week: ...

Detailed programme of the traineeship period:

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Monitoring plan:

Evaluation plan:

Start date and end date of traineeship: from [day/month/year] ..... to [day/month/year] .....

Traineeship title:

# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – DURING THE MOBILITY



## Learning Agreement Student Mobility for Traineeships

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender (Male/Female/ Undefined)	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; e-mail; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu Uzcu Bosukku 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) <a href="mailto:sjt@ku.edu.tr">sjt@ku.edu.tr</a> +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

### During the Mobility

**Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise**  
(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)

Planned period of the mobility: from [month/year] ..... till [month/year] .....

Traineeship title: ... Number of working hours per week: ...

Detailed programme of the traineeship period:

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Monitoring plan:

Evaluation plan:

Start date and end date of traineeship: from [day/month/year] ..... to [day/month/year] .....=

Traineeship title:

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

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>8</sup> at the Sending Institution					
Supervisor <sup>9</sup> at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		

1

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the 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. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>8</sup> at the Sending Institution					
Supervisor <sup>9</sup> at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		

1



# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – AFTER THE MOBILITY

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

**Learning Agreement**  
**Student Mobility for Traineeships**

Erasmus+

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender (Male/Female/ Undefined)	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; e-mail; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Karşıyaka 42260 Bakırköy 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) iib@iku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> ; e-mail; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

## After the Mobility

*Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*

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 date and end date of traineeship: from [day/month/year] ..... to [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 (achieved Learning Outcomes):
Evaluation of the trainee:

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Erasmus+

Date:
Name and signature of the Supervisor at the Receiving Organisation/Enterprise:

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>8</sup> at the Sending Institution					
Supervisor <sup>6</sup> at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending Institution	Seçkin Taygun Altıntaş	s.altintas@iku.edu.tr	Institutional Coordinator		

<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).

<sup>3</sup> **Field of education:** 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> **Erasmus code:** a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries.

<sup>5</sup> **Contact person at the sending institution:** a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.

<sup>6</sup> **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.

<sup>7</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>8</sup> **Responsible person at 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. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – AFTER THE MOBILITY

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Erasmus+  
**Learning Agreement  
Student Mobility for Traineeships**

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender (Male/Female/ Undefined)	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Karavolu Üzce, Bakırköy, 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) <a href="mailto:uib@iku.edu.tr">uib@iku.edu.tr</a> +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

After the Mobility

Table D - Traineeship Certificate by the Receiving Organisation/Enterprise

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 date and end date of traineeship: from [day/month/year] ..... to [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 (achieved Learning Outcomes):
Evaluation of the trainee:


Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Erasmus+  
**Learning Agreement  
Student Mobility for Traineeships**

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender (Male/Female/ Undefined)	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Karavolu Üzce, Bakırköy, 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) <a href="mailto:uib@iku.edu.tr">uib@iku.edu.tr</a> +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – AFTER THE MOBILITY

Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

 **Learning Agreement**  
**Student Mobility for Traineeships**

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Gender (Male/female/ Undefined)	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Karşıyaka 42260 Bakırköy 34158 Istanbul	TR	Seçkin Taygun Altınbaş (Erasmus Institutional Coordinator) iib@iku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> ; name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

## After the Mobility

*Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*

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 date and end date of traineeship: from [day/month/year] ..... to [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 (achieved Learning Outcomes):

Evaluation of the trainee:

## After the Mobility

*Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*

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 date and end date of traineeship: from [day/month/year] ..... to [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 (achieved Learning Outcomes):

Evaluation of the trainee:

# ERASMUS+ TRAINEESHIP MOBILITY LEARNING AGREEMENT – AFTER THE MOBILITY



Higher Education:  
Learning Agreement form  
Student's name  
Academic Year 20.../20...

Date:
Name and signature of the Supervisor at the Receiving Organisation/Enterprise:

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>1</sup> at the Sending Institution					
Supervisor <sup>2</sup> at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending Institution	Seçkin Taygun Altıntaş	s.altintas@ik u.edu.tr	Institutional Coordinator		

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>1</sup> at the Sending Institution					
Supervisor <sup>2</sup> at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending Institution	Seçkin Taygun Altıntaş	s.altintas@ik u.edu.tr	Institutional Coordinator		

<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).

<sup>3</sup> **Field of education:** 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> **Erasmus code:** a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries.

<sup>5</sup> **Contact person at the sending institution:** a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.

<sup>6</sup> **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.

<sup>7</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>8</sup> **Responsible person at 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. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.



## GRANT PAYMENTS

-THE FIRST PAYMENT IS 80% (BEFORE YOU GO)

-THE SECOND PAYMENT IS 20% (AFTER RETURN/ AFTER DELIVERY OF RETURN DOCUMENTS AND AFTER FILLING OUT THE ONLINE QUESTIONNAIRE)



**ERASMUS+ TRAINEESHIP MOBILITY**  
ORIENTATION PROGRAM



**2021-2022 PROJECT TERMS**

<b>Ülke grupları</b>	<b>Misafir Olunacak Ülke</b>	<b>Aylık Hibe Öğrenim (Avro)</b>	<b>Aylık Hibe Staj (Avro)</b>
1. ve 2. Grup Ülkeler	Almanya, Avusturya, Belçika, Danimarka, Finlandiya, Fransa, Güney Kıbrıs, Hollanda, İrlanda, İspanya, İsveç, İtalya, İzlanda, Lihtenştayn, Lüksemburg, Malta, Norveç, Portekiz, Yunanistan	600	750
3. Grup Ülkeler	Bulgaristan, Çek Cumhuriyeti, Estonya, Hırvatistan, Kuzey Makedonya, Letonya, Litvanya, Macaristan, Polonya, Romanya, Sırbistan, Slovakya, Slovenya, Türkiye	450	600



**ERASMUS+ TRAINEESHIP MOBILITY**  
ORIENTATION PROGRAM



**2020 PROJECT TERM**

<b>Ülke Grupları</b>	<b>Hareketlilikte Misafir Olunan Ülkeler</b>	<b>Aylık Hibe Öğrenim (Avro)</b>	<b>Aylık Hibe Staj (Avro)</b>
1. ve 2. Grup Program Ülkeleri	Birleşik Krallık, Danimarka, Finlandiya, İrlanda, İsveç, İzlanda, Lihtenştayn, Lüksemburg, Norveç, Almanya, Avusturya, Belçika, Fransa, Güney Kıbrıs, Hollanda, İspanya, İtalya, Malta, Portekiz, Yunanistan,	500	600
3. Grup Program Ülkeleri	Bulgaristan, Çek Cumhuriyeti, Estonya, Hırvatistan, Letonya, Litvanya, Macaristan, Kuzey Makedonya, Polonya, Romanya, Sırbistan, Slovakya, Slovenya, Türkiye	300	400



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For all documents;

[uib.iku.edu.tr/en](http://uib.iku.edu.tr/en)



**THANK YOU 😊**

QUESTION & ANSWER