

ERASMUS+ STAJ HAREKETLİLİĞİ VE AVRUPA STAJ KONSORSİYUMU

ORYANTASYON PROGRAMI

ULUSLARARASI İLİŞKİLER BİRİMİ



ERASMUS+ TRAINEESHIP MOBILITY



- Önemli Bilgiler
- Kabul Mektubu
- Gerekli Dokümanlar
- Online Language Support (OLS)
- Vize Süreci
- Learning Agreement
- Hibe Ödemeleri
- Soru-Cevap



ISTANBUL
KÜLTÜR
UNIVERSITY

ERASMUS+ TRAINEESHIP MOBILITY



Önemli Bilgiler:

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

ULUSLARARASI İLİŞKİLER BİRİMİ

*Ataköy Kampüsü, E5 Karayolu üzeri Bakırköy 34158
İstanbul
Öğrenci Merkezi Binası, M-1-02*



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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)	

• HAREKETLİLİK ÖNCESİ

- Kabul Mektubu
- Learning Agreement (Before Mobility)
- Sağlık Sigortası (kaza ve mesuliyet maddesi içermeli)
- Pasaport Fotokopisi
- Vize Fotokopisi
- Euro Hesap Bilgileri (İş Bankası)
- Hibe Sözleşmesi

• (AVRUPA STAJ KONSORSİYUM İÇİN EKSTRA/FARKLI EVRAKLAR)

- Başvuru Formu (Hibe Sözleşmesi imzalamaya gelindiğinde imzalanacak)
- EuroPass CV
- 1 (bir) Fotoğraf
- Euro Hesap Bilgileri (Yapı Kredi)


• HAREKETLİLİK SIRASINDA

- Learning Agreement (During Mobility) (eğer bir değişiklik olduysa)
- Online Yabancı Dil Sınavı (OLS)


• HAREKETLİLİK DÖNÜŞÜ SONRASI

- Katılım Belgesi
- Ülkeye Giriş-Çıkış Mühürleri
- Learning Agreement (After Mobility)
- Kişisel İzlenim Yazısı
- Online Yabancı Dil Sınavı (OLS)
- Erasmus Anketi


Katılım Belgesi Örneği




ISTANBUL
KÜLTÜR
UNIVERSITY



ECTS Label
B2 - B1



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

ONLINE LANGUAGE SUPPORT (OLS)

- Sistemin temel amacı, Erasmus+ programının, yararlanıcıların dil seviyelerine sağladığı katkıyı ölçmektir.

Sisteme Giriş

OLS tanımlaması, öğrenciler gidiş evraklarını Uluslararası İlişkiler Birimine teslim ettikten sonra yapılır. Tanımlama işleminden sonra, otomatik olarak öğrencilerin başvuru sistemindeki e-posta adreslerine kullanıcı adı ve parola gelir. Öğrenciler, e-postadaki adımları takip ederek sisteme giriş yapar, kendi profillerini oluşturur ve ilk sınavı çözerler.

Zorunlu Sınavlar

Öğrenciler, faaliyetlerine başlamadan önce ve faaliyetlerini tamamladıktan sonra ayrı ayrı olmak üzere, OLS sistemi üzerinden iki sınav olurlar. Her iki sınav da zorunludur, ancak sınav sonuçları faaliyete herhangi bir engel teşkil etmemektedir.

İsteğe Bağlı Dil Kursu

Öğrenciler, isteklerine bağlı olarak, gittikleri ülkenin dilinde çevrimiçi dil kursundan yararlanabilirler. Öğrencilerin, kurs taleplerini Uluslararası İlişkiler Birimine iletmeleri gerekmektedir.



OLS



ONLINE LANGUAGE SUPPORT (OLS)

ADD MOBILITY

Edit mobilities

Sending institution/organisation	Type of mobility
BEN MT99 01	Higher Education
Language to test	
English	
Country of destination	Type of activity
Please Choose... ▼	Please Choose... ▼
Start of mobility	End of mobility
<input type="text"/>	<input type="text"/>
Mobility period: - month(s)	
ADD MOBILITY	

ONLINE LANGUAGE SUPPORT (OLS)

**English** EDIT MOBILITY

UNITED KINGDOM DECEMBER 2018 > DECEMBER 2019

1


First Language Assessment

START

Available until: 02/01/2019


2

Language Course

 Please complete your first language assessment before accessing this content.

3

Final Language Assessment

 Your final assessment is not yet available.

ONLINE LANGUAGE SUPPORT (OLS)

Congratulations

Your level in English is:



You can understand and identify essential information on simple and routine matters in common social and professional situations.

How was your assessment?

We'd love to hear from you!

[Take a quick survey.](#)

 CEFR

Grammar **A2**

You understand simple grammatical structures and sentence connectors linking groups of words.

Vocabulary **A2**

You understand connected words and phrases and commonly used vocabulary related to your environment, background and areas of interest.

Listening comprehension **B1**

You can understand the main points of clear, standard speech in familiar social and work-related domains, as well as many radio and TV programmes on current affairs or topics of interest, when the delivery is relatively slow.

Reading comprehension **A2**

You are able to understand and identify essential information in simple, everyday materials such as menus, timetables, brochures and basic written correspondence.

CONTINUE

ONLINE LANGUAGE SUPPORT (OLS)

Results of your language assessment



LAST NAME

ÖZDEMİR

FIRST NAME

AYHAN

TAKEN ON

2019-09-27

LANGUAGE TESTED

English

LEVEL ACHIEVED

A2

You can understand and identify essential information on simple and routine matters in common social and professional situations.

View your breakdown of results by skill

GRAMMAR **A2**

You understand simple grammatical structures and sentence connectors linking groups of words.

READING COMPREHENSION **A2**

You are able to understand and identify essential information in simple, everyday materials such as menus, timetables, brochures and basic written correspondence.

VOCABULARY **A2**

You understand connected words and phrases and commonly used vocabulary related to your environment, background and areas of interest.

LISTENING COMPREHENSION **B1**

You can understand the main points of clear, standard speech in familiar social and work-related domains, as well as many radio and TV programmes on current affairs or topics of interest, when the delivery is relatively slow.



- HAREKETLİLİK SÜRESİ MİNİMUM 60 GÜNDÜR

GENİŞ KAPSAMLI SEYAHAT SAĞLIK SİGORTASI YAPTIRILMALIDIR

- Tüm hareketlilik tarihini kapsamalı
- Yatarak tedaviyi içermeli
- Kaza ve mesuliyet içermeli
- 30.000 €



Vize süreci

- Vize yazısının ofisten talep edilmesi
- Kişisel bir süreç olması
- En doğru bilgilerin konsolosluklardan edinilmesi
- Ev sahibi ülkeye uygun bir vize ile girme - turist olarak değil Erasmus Stajyer olarak



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 ¹	Gender (Male/Female/ Undefined)	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu Üzde, Bakırköy, 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) uik@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 ⁶ name; position; position; e-mail; phone	Mentor ⁷ 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 ⁸ : 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 ⁹ 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: ¹⁰	
1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent) ¹¹	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 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"/>	
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 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	

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>				
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input type="checkbox"/>					
Table C - Receiving Organisation/Enterprise					
The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount (EUR/month):=					
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: ...					
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>				
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>					
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 ¹² at the Sending Institution					
Erasmus Institutional Coordinator at the Sending Institution	Seçkin Taygun Altıntaş	s.altintas@iku.edu.tr	Institutional Coordinator		
Supervisor ¹³ at the Receiving Organisation					

¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² **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).

³ **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/iscde-f_en.htm) available at http://ec.europa.eu/education/tools/iscde-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.

⁴ **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.

⁵ **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.

⁶ **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 ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kacavolu, Üçözü, Bakırköy, 34158 İstanbul	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 ⁶ name; position; e-mail; phone	Mentor ⁷ 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 ⁸ : 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 ⁹ 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:¹⁰

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

Award ECTS credits (or equivalent) ¹¹	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



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 ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kacavolu, Üçözü, Bakırköy, 34158 İstanbul	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 ⁶ name; position; e-mail; phone	Mentor ⁷ name; position; e-mail; phone

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 ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu Üzce, Büyükdül, 34158 Istanbul	TR	Seçkin Taygun Altıntay (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 position; e-mail; phone	Mentor ⁶ 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 ⁸ : 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 ⁹ 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:¹⁰

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

Award _____ ECTS credits (or equivalent) ¹¹	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

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 ⁸ : 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 ⁹ 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"/>	

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 ¹	Gender (Male/Female/ Undefined)	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu Üzüm Bulvarı, 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 name; position; e-mail; phone	Mentor 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 ⁶ : 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 ⁷ 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"/> Advanced <input type="checkbox"/>)	

Table B - Sending Institution	
Please use only one of the following three boxes: ¹⁰	
1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:	
Award <u>ECTS credits</u> (or equivalent) ¹¹	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 <u>Europass</u> Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. The traineeship is voluntary and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS <u>credits</u> (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 type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent):	
Record the traineeship in the trainee's <u>Europass</u> Mobility Document: Yes <input type="checkbox"/> No <input 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 <u>credits</u> (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 <u>Europass</u> 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:¹⁰

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

Award <u>ECTS credits</u> (or equivalent) ¹¹	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 <u>Europass</u> 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 <u>credits</u> (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 <u>Europass</u> 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 <u>credits</u> (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 <u>Europass</u> Mobility Document (highly recommended): Yes <input type="checkbox"/> No <input checked="" 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 <input type="checkbox"/> No <input type="checkbox"/>		The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>	
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input type="checkbox"/>			
Table C - Receiving Organisation/Enterprise			
The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount (EUR/month):			
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:			
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>		The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>	
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>			
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
Trainee			Trainee
Responsible person ¹² at the Sending Institution			
Erasmus Institutional Coordinator at the Sending Institution	Seçkin Taygun Altıntaş	s.altintas@ik u.edu.tr	Institutional Coordinator
Supervisor ¹³ at the Receiving Organisation			

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input type="checkbox"/>			
Table C - Receiving Organisation/Enterprise			
The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount (EUR/month):			
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:			
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>		The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>	
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>			
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.			

¹² **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

¹³ **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).

¹⁴ **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 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.

¹⁵ **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.

¹⁶ **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.

¹⁷ **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 ¹² at the Sending Institution					
Erasmus Institutional Coordinator at the Sending Institution	Seçkin Taygun Altıntaş	s.altintas@ik u.edu.tr	Institutional Coordinator		
Supervisor ¹³ 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 ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) alt@ku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address/ website	Country	Size <small>(1) < 250 employees (2) > 250 employees</small>	Contact person ⁶ name; position; e-mail; phone	Mentor ⁷ name; position; e-mail; phone

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 ⁸ at the Sending Institution					
Supervisor ⁹ 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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¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² **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).

³ **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 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.

⁴ **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.

⁵ **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.

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

⁷ **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.

⁸ **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.

⁹ **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

Erasmus+ **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 ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu üzeri Bakırköy 34158 İstanbul	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 ⁶ name; position; e-mail; phone	Mentor ⁷ 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 ⁸ at the Sending Institution					
Supervisor ⁹ at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		

Erasmus+

Learning Agreement
Student Mobility for Traineeships

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

Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu üzeri Bakırköy 34158 İstanbul	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 ⁶ name; position; e-mail; phone	Mentor ⁷ 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 ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu Uzda Baskulu 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) alt@ku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address/ website	Country	Size	Contact person ⁶ name; position; e-mail; phone	Mentor ⁷ name; position; e-mail; phone
					(1) < 250 employees (2) > 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 ⁸ at the Sending Institution					
Supervisor ⁹ 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 ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocavolu 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) alt@ku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size <small>(I) < 250 employees (II) > 250 employees</small>	Contact person ⁶ name; position; e-mail; phone	Mentor ⁷ name; position; e-mail; phone

During the Mobility

<p>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)</p>	
<p>Planned period of the mobility: from [month/year] till [month/year]</p>	
Traineeship title: ...	Number of working hours per week: ...
<p>Detailed programme of the traineeship period:</p>	
<p>Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):</p>	
<p>Monitoring plan:</p>	
<p>Evaluation plan:</p>	

<p>Start date and end date of traineeship: from [day/month/year] to [day/month/year]</p>
<p>Traineeship title:</p>

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 ⁸ at the Sending Institution					
Supervisor ⁹ at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		

1

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

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 ¹	Gender (Male/female/ Undefined)	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Karşıyaka 40660 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 ⁶ name; position; e-mail; phone	Mentor ⁷ 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 ⁸ at the Sending Institution					
Supervisor ⁹ at the Receiving Organisation	Seçkin Taygun Altıntaş	s.altintas@iku.edu.tr	Institutional Coordinator		

¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² **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).

³ **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 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.

⁴ **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.

⁵ **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.

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

⁷ **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.

⁸ **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 ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Karavolu Üniversitesi Bakırköy 34158 İstanbul	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 ⁶ name; position; e-mail; phone	Mentor ⁷ 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 ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Karavolu Üniversitesi Bakırköy 34158 İstanbul	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 ⁶ name; position; e-mail; phone	Mentor ⁷ 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 ¹	Gender (Male/female/ Undefined)	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Istanbul Kültür University		TR ISTANBU19	E5 Kocazolu 42265 Bakacak 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 ⁶ ; position; position; e-mail; phone	Mentor ⁷ 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 ¹ at the Sending Institution					
Supervisor ² 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 ¹ at the Sending Institution					
Supervisor ² at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending Institution	Seçkin Taygun Altıntaş	s.altintas@ik u.edu.tr	Institutional Coordinator		

¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² **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).

³ **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 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.

⁴ **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.

⁵ **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.

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

⁷ **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.

⁸ **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.



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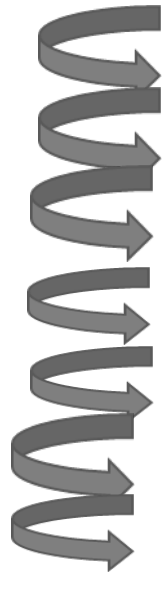


ÖDEMELER

-İLK ÖDEME %80 (GİTMEDEN ÖNCE)

-İKİNCİ ÖDEME %20 (DÖNDÜKTEN SONRA/ DÖNÜŞ BELGELERİNİN TESLİMİ SONRASI
VE ONLINE ANKETİ DOLDURDUKTAN SONRA)

HİBE – DUYURU SÜRECİ

- 
- Öğrenci başvurularının alınması
 - İKÜ'nün Ulusal Ajans'a başvurması
 - Ulusal Ajans'ın sonuç duyurusu
 - AB ile Türkiye arasındaki yıllık katkı anlaşmasının imzalanması
 - İKÜ ile Ulusal Ajans arasında hibe sözleşmesinin imzalanması
 - Hibenin İKÜ hesabına aktarılması
 - İKÜ'de Bütçe çalışması
 - Öğrencilere Duyuru

Önemli Not: Üniversitemizde hibelerin etkin kullanımı ve daha fazla öğrencimizin hibelerden yararlanabilmesi için partner üniversitelerin akademik takvimlerinden bağımsız olarak hibelendirmeler maksimum 2 ay yapılacaktır.



ERASMUS+ TRAINEESHIP MOBILITY
ORIENTATION PROGRAM



2021-2022 PROJE DÖNEMİ

Ülke grupları	Misafir Olunacak Ülke	Aylık Hibe Öğrenim (Avro)	Aylık Hibe Staj (Avro)
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 PROJE DÖNEMİ

Ülke Grupları	Hareketlilikte Misafir Olunan Ülkeler	Aylık Hibe Öğrenim (Avro)	Aylık Hibe Staj (Avro)
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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SORU & CEVAP