**Learning agreement**

**1. Participant of the home institution:**

|  |  |
| --- | --- |
| Student’s name:  |  |
| Date of birth: |  |
| Duration of training (from/to): |  |
| Total duration of training (in weeks): |  |
| Student’s current educational institution: | AGRAR-HAK Althofen |
| Teacher’s name (responsible for the implementation of the learning agreement):- Home InstitutionContact details (telephone number, e-mail address): | Gertrud Wastian+43 664 6202 563, gwastian@lfs-althofen.ksn.at |
| Name and address of the host institution: |  |
| Mentor’s/Teacher’s name (responsible for the implementation of the learning agreement) – Host institution:Contact details (telephone number, e-mail address): |  |

**2. Home institution:**

|  |  |
| --- | --- |
| **Name:** | Landwirtschaftliche Fachschule und Agrar-HAK Althofen |
| **Address:** | 9330 Althofen, Undsdorfer Straße 10 |
| **Country:** | Austria |
| **Telephone:** | 04262 2281 |
| **Contact** **(project coordinator):****Position:****E-mail:****Telephone:** | Ing. Gertrud WastianProjectkoordinatorgwastian@lfs-althofen.ksn.at0664 6202563 |

**3. Host institution:**

|  |  |
| --- | --- |
| **Name:**  |  |
| **Address:** |  |
| **Country:** |  |
| **Telephone:** |  |
| **Contact:****Position:****E-mail:****Telephone:** |  |
|  |  |

**4. Duration of the internship:**

|  |  |
| --- | --- |
| **Duration:**  |  |

**5. Learning objectives in general:**

|  |
| --- |
| ***\*Improvement of communication skills in the foreign language******\*Basic skills of work on a farm******\*to gain in personal appearance, attidude to work and social skills******\*Access and understanding for different cultures*** |

**6. Learning objectives according to her training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field of work** | **Competences** | **Indicators** | **learning outcomes** |
| **agriculture** |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Additional competencies according to ECVET:

|  |  |
| --- | --- |
| **Competence:** |  |
| **Skills:**  |  |

**7. Authorities:**

|  |  |  |
| --- | --- | --- |
| **In chargeof:** | **Home institution** | **Host institution** |
| Signing the learningagreement | **X** | **X** |
| Info sheets | **X** |  |
| Health and travel insurance during the stay abroad | **student (trainee)** |  |
| Conditions of employment (state regulations, taxes, etc.) in connection with the legal regulations in both countries |  | **X** |
| Provision of accommodation and working and/or protective clothes during the training abroad |  | **X** |
| Assessment of the learning process |  | **X** |
| Approval of the learning process | **X** |  |
| Support bythementor | **X** | **X** |

**8. Authorities in terms of documentation**

|  |  |  |
| --- | --- | --- |
| **In chargeof:** | **Host institution** | **Student** |
| Personal diary |  | **X** |
| ECVET valuation |  | **X** |
| Europass Mobility |  | **X** |
| Employmentreference | **X** |  |

**9. Progress Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of assessment****(test, talk, folder with documents, teachers‘ assessment, etc.)** | **Authority in charge of the assessment** | **Time schedule for the assessment** |
| **During the stay****(Host institution):** | talks | mentor | whenever possible |
| **At the end of the stay (Host institution):** | talks | mentor | during the last week of the stay |
| **After the stay****(Home institution):** | control of in the Europass, ECVET-evaluation and employment reference | projectcoordinator | after the stay |

**10. Changes (if applicable):**

Please enter any changes in the learning agreement in the space provided below. All parties involved must be informed about them beforehand.

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date, Place** | **Name** | **Signature** |
| Student |  |  |  |
| Legal guardian / parent |  |  |  |
| Project coordinator |  |  |  |
| School institution (principle)  |  |  |  |
| Host institution  |  |  |  |