



UNIVERSITÀ  
DEGLI STUDI  
FIRENZE

**Scuola di  
Architettura**

**DIDA**

Dipartimento di Architettura



# Guida alla compilazione del Learning Agreement Provvisorio

## Bando Erasmus+ Traineeship Sede Generica e Nominativa

OUTGOING STUDENTS





# Concorso per Sede Generica

Per partecipare al Concorso «Selezione per la formazione di graduatorie per la mobilità internazionale ERASMUS+ per traineeship – **Sede generica**» sono richiesti i seguenti adempimenti:

1. Domanda su Applicativo Turul



2. Invio del Learning Agreement **Provvisorio della prima scelta** ad  
archint@unifi.it


**NB:** Se ti trovi in questa sezione significa che hai già fatto domanda tramite l'applicativo Turul e devi compilare il LA Provvisorio





# Concorso per Sede Nominativa

Per il Concorso «Selezione per la formazione di graduatorie per la mobilità internazionale ERASMUS+ per traineeship – **Sede nominativa**» sono richiesti i seguenti adempimenti:

1. Domanda su Applicativo Turul 
2. Invio del Learning Agreement **Provvisorio** ad [archint@unifi.it](mailto:archint@unifi.it)
3. Invio della Lettere di Intenti Nominativa ad [archint@unifi.it](mailto:archint@unifi.it)

**NB:** Se ti trovi in questa sezione significa che hai già fatto domanda tramite l'applicativo Turul e devi compilare il LA Provvisorio e ottenere la Lettere di Intenti





## 2. COMPILAZIONE DEL LEARNING AGREEMENT PROVVISORIO

In fase di CANDIDATURA, il LA non dovrà essere compilato integralmente, ma solo in alcune parti.

Solo una volta ammessi in graduatoria e aver accettato la destinazione, dovrete compilare il documento in tutte le sue parti e coinvolgere anche il referente dell'azienda per firma e timbro e l'ufficio Relazioni Internazionali di Scuola per ottenere la firma del Delegato Erasmus+ della Scuola, prima di partire.





## 2. COMPILAZIONE DEL LEARNING AGREEMENT PROVVISORIO

### SEDE GENERICA

Inserire nel LA Provvisorio i dati dell'Azienda selezionata come **prima scelta** tramite Turul.

### SEDE NOMINATIVA

Inserire nel LA Provvisorio i dati dell'Azienda **proposta dallo studente** e già inserita su Turul.





# 2. LEARNING AGREEMENT PROVVISORIO

GFNA-II-C-Annex IV-I-Erasmus+ HE-2015



Higher Education  
Learning Agreement for  
Traineeships

Camilla Perrone; archint@unifi.it

Student's name  
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Sex [M/F]	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
	[REDACTED]						
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	University of	Architecture	I FIRENZE01	Via della Mattonaia 8, FI	Italy	Camilla Perrone ; archint@unifi.it	
Receiving Organisation /Enterprise	Florence 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	[REDACTED]	

DATI STUDENTE

DATI UFFICIO REL. INT.

DATI AZIENDA

## Before the mobility

<i>Table A - Traineeship Programme at the Receiving Organisation/Enterprise</i>	
Planned period of the mobility: from [month/year] ..... to [month/year] .....	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	
The level of language competence <sup>8</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"/>	

# TABELLA A

PERIODO IN CUI SI VORREBBE SVOLGERE LA MOBILITA'

LIVELLO DI CONOSCENZA LINGUISTICA DICHIARATO





# 3. LEARNING AGREEMENT PROVVISORIO

## TABELLA B

*Table B - Sending Institution*  
*Please use only one of the following three boxes:<sup>9</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>10</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 checked="" 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 ( <i>highly recommended</i> ): 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 checked="" type="checkbox"/> No <input 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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	

SE TIROCINIO **CURRICULARE**,  
COMPILARE IL **PUNTO 1**  
«**embedded in the curriculum**» e inserire i CFU  
(ECTS) corrispondenti





# 3. LEARNING AGREEMENT PROVVISORIO

## TABELLA B

**Table B - Sending Institution**  
Please use only one of the following three boxes:<sup>9</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>10</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 **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 checked="" 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 ( <i>highly recommended</i> ): 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 checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	

SE TIROCINIO  
EXTRA-CURRICULARE e  
VOLONTARIO,  
SCEGLIERE L'OPZIONE 2







# 3. LEARNING AGREEMENT PROVVISORIO

## TABELLA B

**Table B - Sending Institution**  
Please use only one of the following three boxes:<sup>9</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>10</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 **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 checked="" type="checkbox"/>	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document ( <i>highly recommended</i> ): Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	

SE TIROCINIO  
POST LAUREA,  
COMPILARE IL PUNTO 3  
«recent graduate».





# 2. LEARNING AGREEMENT PROVVISORIO

## TABELLA B

<i>Table B - Sending Institution</i>	
<i>Please use only one of the following three boxes:<sup>9</sup></i>	
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>10</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 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 <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 type="checkbox"/>	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document ( <i>highly recommended</i> ): 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 checked="" type="checkbox"/> No <input 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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	

ASPETTI ASSICURATIVI  
UNIFI





# 2. LEARNING AGREEMENT PROVVISORIO

## TABELLA C

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 (or the principles agreed in the partnership agreement for institutions located in Partner Countries).					
Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>11</sup> at the Sending Institution					
Supervisor <sup>12</sup> at the Receiving Organisation	Camilla Perrone	<a href="mailto:archint@unifi.it">archint@unifi.it</a>	Erasmus Delegate		

Specificare i DATI del candidato e FIRMARE





## 2. LEARNING AGREEMENT PROVVISORIO

### Periodo di mobilità

### ATTENZIONE!

Nel caso di  
**TIROCINIO POST-LAUREA** (*recent graduate*)  
la mobilità deve concludersi **ENTRO 12 MESI**  
dal conseguimento del titolo





# Concorso per Sede Generica

1. Domanda su Applicativo Turul 

Se hai fatto domanda per una **Sede Generica**, dopo aver completato il Learning Agreement Provvisorio dovrai inviarlo ad [archint@unifi.it](mailto:archint@unifi.it), inserendo **nell'oggetto «Contiene Learning Agreement mobilità ERASMUS+ Traineeship a.a. 20--/20—»**.

2. Invio del Learning Agreement Provvisorio ad [archint@unifi.it](mailto:archint@unifi.it) 

**Candidatura completata!**





# Concorso per Sede Nominativa

1. Domanda su Applicativo Turul ✓
2. Compilazione del Learning Agreement Provvisorio ✓
3. Invio della Lettere di Intenti Nominativa

Se hai fatto domanda per una **Sede Nominativa**, insieme al Learning Agreement Provvisorio, dovrai compilare la Lettera di Intenti, farla firmare dall'azienda e inoltrare i 2 documenti ad [archint@unifi.it](mailto:archint@unifi.it).





### 3. COMPILAZIONE DELLA LETTERA DI INTENTI

Attraverso la Lettera di Intenti Nominativa, **l'azienda dichiara la sua disponibilità** ad accogliere lo studente per lo svolgimento di un tirocinio curriculare o post-laurea.

Il documento sancisce l'accordo, preso prima della candidatura al Bando, con l'azienda individuata in autonomia dallo studente.





# 3. LETTERE DI INTENTI NOMINATIVA

PAGINA 1

  
**Letter of Intent**  
We intend to co-operate with Università degli Studi di Firenze for the Erasmus+ traineeship  
For the academic years 2020/2021

DATI STUDENTE

Selezionare dal menù: ARCHITETTURA

Name of Student:    
name surname  
Matricola:   
Università degli Studi di Firenze  
c/o Scuola di   
e-mail:

Lettera di Intenti Nominativa

We, the undersigned organization, hereby declare our intent to cooperate with Università degli Studi di Firenze to promote placements for students in the framework of the Erasmus+ traineeship. As a partner of the above-mentioned project, the undersigned institution will encourage and facilitate the mobility of university students through job training periods (placements) in enterprises. As soon as possible, we intend to host the students as trainees for job training periods (placements) and arrange for the supervision of the participants. Student trainees receive a Erasmus grant from their home University to cover the additional costs incurred in the placement (travel, accommodation costs, insurance). The placements will provide a structured job training, according to the objectives of the Erasmus+ traineeship. We will engage ourselves to fulfil the responsibilities as stated in the enclosed Partnership Quality Commitment.

First name and Family name:   
(of the Legal representative)  
Position/Function in the Organization:   
(of the Legal representative)  
Name of Organization:   
Address:  City:  Country:   
Tel:   
e-mail:  Internet site:   
Date:  Signature: \_\_\_\_\_

DATI AZIENDA  
E REFERENTE

FIRMA DEL REFERENTE  
E TIMBRO

Stamp







# 3. LETTERE DI INTENTI NOMINATIVA

**PAGINA 2**

**DATI AZIENDA  
E REFERENTE**

**NOME DEL REFERENTE  
AZIENDALE**

**DATI STUDENTE**

**NUMERO MESI**

**Selezionare dal menù:  
ARCHITETTURA**

**FIRMA STUDENTE**

Lettera di Intenti Nominativa

**PARTNER DETAILS**

Organization name:

Type of Organization:

Legal status:

Economics Sector:

Commercial Orientation:

Category of Work:

Organization size-Staff:

**TUTORING**  
The Tutor Responsible for the Students in Your Organization will be Mr/Mrs/Dr.

**TRAINEE PROFILE**

We are willing to host:

Student  1<sup>st</sup> cycle  2<sup>nd</sup> cycle

Graduate  1<sup>st</sup> cycle  2<sup>nd</sup> cycle

PhD student

PhD graduate

for  months (min.2 - max.12)

School of

University of Florence in the following fields of job training (please give a short description of the trainee's activity/job):

Subject Area code:

First name and Family name:

Position/Function in the Organization:

Signature: \_\_\_\_\_





# Concorso per Sede Nominativa

1. Domanda su Applicativo Turul 

Se hai fatto domanda per una Sede Nominativa, dopo aver completato il LA Provvisorio e la Lettera di Intenti dovrai inviare i due documenti ad [archint@unifi.it](mailto:archint@unifi.it), inserendo **nell'oggetto** «Contiene LA e Lettera di Intenti Nominativa mobilità ERASMUS+ Traineeship a.a. 20--/20—».

2. Invio del Learning Agreement Provvisorio 

3. Invio della Lettere di Intenti Nominativa 

**Candidatura completata!**





# RISPETTA LE SCADENZE

**INDICATE NEL BANDO RELATIVAMENTE A:**

- VOTI REGISTRATI IN CARRIERA (cfu e media)
- **DOMANDA SU TURUL**
- INVIO L.A. + LETTERA DI INTENTI