LEARNING AGREEMENT – TRAINING AGREEMENT

1. PERSONAL DETAILS OF LEARNER

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| **LEARNER’S NAME**: |
| **STUDYING FOR VOCATIONAL QUALIFICATION in:**  **EQF-level: 4**  **CREDITS ALREADY OBTAINED (OUT OF 180):**  **THE STUDENT HAS (select/delete):**   * **Work safety card (työturvallisuuskortti)** * **Fire work license (tulityökortti)** * **Hygiene Passport (hygieniapassi)** * **Driver’s license for trucks** * **First aid certificate** * **The sector has no specific requirements** * **Other:** |
| Education is Work based, apprenticeship  Combination of school based/work based |

**BEGINNING OF MOBILITY** (DDMMYYYY)

**END OF MOBILITY** (DDMMYYYY)

|  |  |
| --- | --- |
| **LEARNER IS A MINOR** (under 18 years)  YES  NO  **DATE OF BIRTH:** | MALE  FEMALE  UNSPECIFIED |
| **TELEPHONE NUMBER** (+358 + number): | **E-MAIL** |
| **EMERGENCY CONTACT** at home (e.g. parents, guardian)  NAME:  ADDRESS:  TEL.:  E-MAIL: | |

2. SENDING SCHOOL

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| **SCHOOL/ORGANISATION NAME: Keski-Uudenmaan koulutuskuntayhtymä**  ADDRESS: Sibeluksenväylä 55A, FI-04400 Järvenpää  WEBSITE: www.keuda.fi  **CONTACT PERSON**: Suvi Kylmälä  POSITION / JOB ROLE / TITTLE: Planner of International Affairs  TEL:. +358 401745534  E-MAIL: [suvi.kylmala@keuda.fi](mailto:suvi.kylmala@keuda.fi) |
| **SUPERVISING TEACHER OR TRAINER (vastuuohjaaja/tjk-ohjaaja)**  Name and job role/title:  Tel:  e-mail: |
| **COMMUNICATION from Keuda with STUDENT DURING MOBILITY:**  Name and job title:  Tel:  e-mail:  How do you communicate with the student (communication channels, how often): |

3. RECEIVING SCHOOL/INTERMEDIARY ORGANISATION

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| **SCHOOL/ORGANISATION NAME:**  ADDRESS:  CONTACT PERSON (International coordinator, or equivalent):  POSITION / JOB ROLE / TITTLE:  TEL.:  E-MAIL: |
| **SUPERVISOR /MENTOR**  NAME:  POSITION / JOB ROLE / TITTLE:  TEL.:  E-MAIL: |
| **ROLE OF THE RECEIVING PARTNER IN ARRANGEMENTS FOR LEARNING MOBILITY**  According to the signed Letter of Intent |

4. INSURANCE DURING MOBILITY

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| **LEARNER IS INSURED BY KEUDA as follows:**  **Accident insurance and 3rd party liability insurance: If SP0003364149**  (during work based learning period in a company, no salary paid)  **Accident insurance policy no: If SP0003353997**   * + Incl. leasure time during international mobility   + Cost of care caused by an accident max. 8500 € and/or 3 days   **Student travel insurance policy no: If SP0003353997**   * Valid globally   Care is possible both in public or private health care service |

5. DESCRIPTION OF THE LEARNING OUTCOMES TO BE ACHIEVED (during mobility)

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| 1. **TITLE OF THE UNIT (tutkinnon osa):** Working in an international work environment (during mobility) |

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| **PROFESSIONAL SKILLS REQUIREMENTS TO BE OBTAINED during mobility:** |
| 1. **Company information: organization culture**   Student is able to describe the company he/she is working in   1. **Company information: rules/safety instructions/confidentiality**   Students is able to work according to the general rules, safety instructions, and confidentiality rules.   1. **Tasks**   Student is able to apply the working methods, and use materials and tools of the workplace   1. **Self-assessment**   Student is able to evaluate his/her successes as well as points of development  For evaluation, see annex 1 |

Teacher: you may add more professional skills requirements below, or delete the box below

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| 1. **TITLE OF THE UNIT (ammatillinen tutkinnon osa):** |

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| **PROFESSIONAL SKILLS REQUIREMENTS TO BE OBTAINED during mobility:** |
| 1.  2.  3.  jne |

## 6. COMPANY / WORK PLACE INFORMATION

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| **COMPANY’S NAME AND ADDRESS:**  **CONTACT PERSON/ON-THE-JOB INSTRUCTOR:**  Name:  Position/job role:  Tel.:  E-mail:  **WORKING PERIOD** from (ddmmyy) to (ddmmyy)  **WORKING TIME** NN hours / day, NN days /week  The student will get salary during the Mobility  YES  NO  Meals are provided by the employer?  YES  NO  Specify (e.g. breakfast, lunch…):  Work clothing is provided by the employer?  YES  NO  Specify (e.g. gloves, overalls etc)  Students is requested to bring along the following equipment  YES  please specify, e.g. suitable footwear, tools  NO  Company policy, requirements, or any other important information concerning the student:  *In case of additional companies/work places, please copy the above for each one* |
| **ROLE OF THE COMPANY/WORK PLACE**   * Assign to participants tasks and responsibilities to match their knowledge, skills and competences and training objectives as set out in the Learning Agreement * Ensure that appropriate equipment and support is available * Work safety: briefing & monitoring, instructions, equipment |

7. SIGNATURES

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| 1. **LEARNER**   I agree to the content of this Learning Agreement.  **Name:**  **Place and date:**  Parent’s signature when minor  **Name:**  **Place and date:** | **please SIGN here** |
| 1. **RECEIVING SCHOOL/HOST ORGANISATION**   I agree to the content of this Learning Agreement.  **Authorized signatory, Name**:  **Position/Tittle**:  **Place and date**: | **please SIGN here** |
| 1. **COMPANY/WORK PLACE**   I agree to the content of this Learning Agreement.  I confirm that the work placement was carried out as described and agreed upon in this Learning Agreement.  **Authorized signatory’s name**:  **Position/Tittle**:  **Place and date**: | **please SIGN here** |
| 1. **KEUDA CONTACT PERSON**   I confirm that the proposed mobility period was carried out as described and agreed upon in this Learning Agreement, and the mobility period is recognized as part of the student’s studies.  **Authorized signatory’s name**:  **Tittle**:  **Place and date**: |  |

Annex 1 Student evaluation

Annex 2 Feedback and evaluation in a nutshell

ANNEX 1

**Student evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

name of student

**Working in an international work environment**

Company/workplace name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of the mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**

1. Student answers the questions below
2. Mentor comments on student’s answers and evaluates his/her skills (questions 2 – 6)

**Evaluation questions**

1. **Company information: student finds out information of the workplace’s organization culture**

**Student: describe the company you are working in: name, size, clients, products, service etc.?**

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1. **Describe the company you are working in: rules/safety instructions/confidentiality?**

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| **Student** | **Mentor: written comments and evaluation.** |
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1. **Tasks: student works according to the working methods, materials and tools used in the workplace**

**How is a typical working day? How do you manage with materials and tools? Examples of projects/tasks you have done?**

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| **Student** | **Mentor: written comments and evaluation** |
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1. **Self-assessment, feedback**

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| **What are your strengths at this international working period? In what did you succeed?** | |
| **Student´s self-assessment** | **Mentor: written comments and evaluation** |
|  |  |
| **What are What are the skills you could develop in the future?** | |
| **Student´s self-assessment** | **Mentor: Mentor: written comments and evaluation** |
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**Mentor’s evaluation of student’s skills:**

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| WORKING LIFE SKILLS:  EVALUATION CRITERIA | PERFORMANCE | | | | | |
| Excel-lent  5 | Very good  4 | Good  3 | Satis-factory  2 | Suffi-cient  1 | Comments: |
| GENERAL APPEARANCE |  |  |  |  |  |  |
| GENERAL BEHAVIOR |  |  |  |  |  |  |
| PUNCTUALITY |  |  |  |  |  |  |
| RELIABILITY |  |  |  |  |  |  |
| CAPABILITY TO ADJUST |  |  |  |  |  |  |
| INITIATIVE, PROBLEM SOLVING |  |  |  |  |  |  |
| COMMUNICATION |  |  |  |  |  |  |
| ATTITUDE TOWARDS  SUPERIORS |  |  |  |  |  |  |
| CO-OPERATION  WITH STAFF |  |  |  |  |  |  |
| QUALITY PERFORMANCE (how well) |  |  |  |  |  |  |
| QUANTITY PERFORMANCE (how much/many/fast) |  |  |  |  |  |  |

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| **Mentor: other feedback to the student?** |

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the student

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Signature of the workplace/company representative

**FEEDBACK & EVALUATION IN A NUTSHELL** ANNEX 2

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| Learner should receive feedback on their learning outcomes during their stay abroad.  At least **one feedback discussion** should be organized in the workplace/company.  **The objective of feedback/ assessment** is that the learner knows what he/she can do, and what he/she still has to learn.  **The feedback should reflect on learner’s**  ‐ knowledge (the mastering of work processes)  ‐ skills (the mastering on tasks, working methods, tools and materials)  ‐ competence (the mastering of knowledge that forms foundation of work)  ‐ management of working life / lifelong learning  skills  In giving feedback/assessing, teacher and/or workplace instructor use **methods that motivate and activate the learner.** These methods support the learner to accomplish professional skills requirements and to reach goals, as well as to develop his/her self‐assessment skills.  **Learner also assesses his learning** on the basis of professional skills requirements of study units.  Self-assessment is carried out by tools given by Keuda, e.g. learning diary.  This is checked by responsible teacher/trainer when learner returns to Finland.  On return to Finland, learners will demonstrate their knowledge, skills and competencies in skills demonstration. The assessment is done using the following scale:  1 – Sufficient, 2 – Satisfactory, 3 - Good, 4 – Very good - 5 – Excellent  For information: the assessment criteria per qualification and study unit, in English, can be found on National Agency for Education’s website <http://bit.ly/2biOBqD> |