

Medizinische Universität Wien

Forschungsservice
International Office
for Student & Staff Affairs

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Dr. Human Salemi Hochschulkoordinator für Internationale Mobilitätsprogramme

N	Α	RΛ	Е.

VORNAME:

Matrikelnummer:

ANSUCHEN UM ABSOLVIERUNG EINES AUSLANDS KPJ

KPJA	16	Wochen
KPJA	8	Wochen
KPJA	8	Wochen
KPJB	16	Wochen
KPJB	8	Wochen
KPJB	8	Wochen
KPJC	16	Wochen
KPJC	8	Wochen
KPJC	8	Wochen

Im Fach laut KPJ-Liste https://kpj.meduniwien.ac.at/:

vonbis:Mindestaufenthalt für ERASMUS Praktika:(tt/mm/JJJJ)(tt/mm/JJJJ)
2 KALENDERMONATE!

<u>Die Bestätigung des erfolgten Auslandsaufenthaltes</u> auf dem einzureichenden <u>Testatblatt</u> darf <u>NICHT vor dem offiziellen Ende datiert sein!</u>

Dieses Ansuchen ist **ELEKTRONISCH AUSGEFÜLLT gemeinsam mit dem nachstehenden von der aufnehmenden Einrichtung zu unterzeichnenden Agreement** per Mail, per Einwurf oder zu den Sprechstunden im International Office for Student & Staff Affairs einzureichen!



LEARNING AGREEMENT FOR TRAINEESHIPS

The Trainee

Last name (s)	First name (s)
Date of birth	Nationality ¹
Sex [<i>M/F</i>]	Academic year
Study cycle ²	Subject area, Code ³
Phone	E-mail

The Sending Institution

Name	Faculty
Erasmus code (if applicable)	Department
Address	Country, Country code ⁴
Contact person name	Contact person E-mail / phone

The Receiving Organisation/Enterprise

Name Sector ⁵	Department	
Address, website	Country	
Size of enterprise ⁶		
Contact person ⁷ name / position	Contact person e-mail / phone	
Mentor ⁸ name / position	Mentor e-mail / phone	



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Language competence of the trainee

B1 □

B2 □

C1 🗆

A1 □

A2 □

Traineeship title (KPJ A, KPJ B oder KPJ C & FACH!)			
the following events:			
l rounds,			
ng, journal clubs,			
nd of the traineeship			
Fulfilment of the learning objectives contained in the enclosed "Austrian Competence Level Catalogue for Medical Skills" (in the scope defined by MedUni Vienna for the relevant subject of the Clinical Practical Year (CPY). http://www.meduniwien.ac.at/internationalmobility			
ncluding feedback. ning plan. s. ing.			

The level of language competence in [workplace language] that the trainee already has or agrees to acquire by the start of the mobility period (for the above-mentioned dates) is:



The sending institution

the institution undertakes to:

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

[Please fill in only one of the following boxes depending on whether the traineeship is embedded in the curriculum or is a voluntary traineeship.]

The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship,

Award ECTS credits.
Give a grade based on: Traineeship certificate □ Final report□ Interview □
Record the traineeship in the trainee's Transcript of Records.
Record the traineeship in the trainee's Diploma Supplement (or equivalent).
• Record the traineeship in the trainee's Europass Mobility Document Yes \square No \square
The traineeship is <u>voluntary</u> and upon satisfactory completion of the traineeship, the institution undertakes to:
 Award ECTS credits: Yes □ No □ If yes, please indicate the number of ECTS credits:
Give a grade: Yes □ No □
If yes, please indicate if this will be based on:
Traineeship certificate □ Final report □ Interview □
 Record the traineeship in the trainee's Transcript of Records Yes □ No □
• Record the traineeship in the trainee's Diploma Supplement (or equivalent), except if the trainee is a recent graduate.
• Record the traineeship in the trainee's Europass Mobility Document Yes □ No □ If the trainee is a recent graduate this is recommended.



The receiving organisation/enterprise

If yes, amount in EUR/month:

The trainee will receive a financial support for his/her traineeship: Yes □ No □

Is the trainee covered by the accident insurance (at the workplace)? Yes \Box No \Box	overing at least damages caused to the trainee
If yes, please specify if it also covers:	
- accidents during travels made for work purposes:	Yes □ No □
- accidents on the way to work and back from work	: Yes □ No □
If not, please specify whereas the trainee is by the sending institution: Yes \square No \square	covered by an accident insurance provided
If yes, please specify if it also covers:	
- accidents during travels made for work purposes:	Yes □ No □
- accidents on the way to work and back from work	: Yes □ No □
Is the trainee covered by a liability insurance (coworkplace)? Yes \square No \square	overing damages caused by the trainee at the
The receiving organisation/enterprise undertakes to is available to the trainee.	ensure that appropriate equipment and support
Upon completion of the traineeship, the organisation. Certificate to the Certificate by [maximum 5 week	
	<u>s arter the trainceship</u> j.
II. RESPONSIBLE PERSONS	s area the transcessing.
II. RESPONSIBLE PERSONS Responsible person ¹⁰ in the sending institution	
II. RESPONSIBLE PERSONS Responsible person ¹⁰ in the sending institution Name:	
Responsible person ¹⁰ in the sending institution	n:
Responsible person ¹⁰ in the sending institution Name: Phone number:	n: Function: E-mail:
Responsible person ¹⁰ in the sending institution	n: Function: E-mail:



III. COMMITMENT OF THE THREE PARTIES

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed 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 mobility period.

The trainee		
Trainee's signature	Date:	
The sending institution		
Responsible person's signature & stamp	Date:	
The receiving organisation/enterprise		
Responsible person's signature & stamp	Date:	



Section to be completed DURING THE MOBILITY

EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Planned duration of the mobility period

from [month/year] till [month/year]

Number of working hours per week: ...

Traineeship title

Detailed programme of the traineeship period

Clinical Practical Year students will have the opportunity to participate regularly in the followi events:

- Routine meetings/reviews of an educational nature (morning reviews, ward rounds, radiological reviews, tumor boards, case reviews, midday reviews etc.)
- Hospital in-house training and professional development (e.g. intern training, journal conference reports etc.)

Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship

Fulfilment of the learning objectives contained in the enclosed "Austrian Competence Level C for Medical Skills" (in the scope defined by MedUni Vienna for the relevant subject of the Clin Practical Year (CPY). http://www.meduniwien.ac.at/internationalmobility

Monitoring plan [describing how/when the trainee will be monitored during his / her traineeship by both the sending institution and the receiving organisation / enterprise. Specify the number of supervision hours. Specify if a third party is also involved, such as a higher education institution in the receiving country, and if yes, specify the contact details of the person in charge.]

- Performance and assessment of oral examinations (Mini-CEX and DOPS), including fee
- Holding of a personal introductory meeting defining the realisation of a training plan.
- Holding of a personal mid-term meeting with the student after 4 or 8 weeks.
- Holding of a personal final meeting with the student at the end of the training.

Evaluation plan [describing the assessment criteria to be used to evaluate the trainee'ship period.] Examples of assessment criteria: academic skills/expertise, analytical skills, initiative adaptability, communication skills, teamwork skills, decision-making skills, ICT skills, innovative and creative skills, strategic-organisational skills, foreign language skills

- Confirmation of learning objectives achieved in the log book.
- Confirmation of learning progress in the portfolio.



The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the mobility programme are approved.

Approval by e-mail or signature from the trainee, the responsible person in the sending institution and the responsible person in the receiving organisation/enterprise.

II. CHANGES IN THE RESPONSIBLE PERSONS, if any

New responsible person in the sending institution:	
Name:	Function:
Phone number:	E-mail:
New responsible person in the receiving organ	isation/enterprise:
New responsible person in the receiving organ	isation/enterprise: Function:



Section to be completed AFTER THE MOBILITY TRAINEESHIP CERTIFICATE

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 and end of the traineeship:
from [day/month/year] till [day/month/year]
Traineeship title:
Detailed programme of the traineeship period including tasks carried out by the trainee: see Training Agreement/Portfolio!
Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved): see Training Agreement/Portfolio!
Outcomes acineved). See Training Agreement/Fortiono:

Data:

Name and signature of the responsible person at the receiving organisation/enterprise:

Evaluation of the trainee: see Training Agreement/Portfolio!



Annex: End notes

- ¹ Country to which the person belongs administratively and that issues the ID card and/or passport.
- 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) specify the latest study cycle for recent graduates.
- ³ The <u>ISCED-F 2013 search tool</u> 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.
- Please use ISO 3166-2 country codes available at: https://www.iso.org/obp/ui/#search.
- For the list of top-level NACE sector codes, see : http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguage Code=EN.
- ⁶ For instance: 1-50 / 51-500 / more than 500 employees.
- ⁷ A person who can provide administrative information within the framework of Erasmus traineeships.
- ⁸ 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.
- For the Common European Framework of Reference for Languages (CEFR) see http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr.
- ¹⁰ The responsible person in the sending organisation is responsible for signing the Learning Agreement and recognising the credits and associated learning outcomes as set out in the Learning Agreement.
- ¹¹ The responsible person in the receiving organisation (supervisor) is responsible for signing the Learning Agreement, supervising the trainee during the traineeship and signing the Traineeship Certificate.