**LEARNING AGREEMENT FOR INTERNSHIPS 2022/23**

**Sections 1 and 2 of this form should be completed before you go on your period abroad.**

#### **Section 1 – Contact details**

**The Student**

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| **a) Full Name:** |  |
| **b) Date of Birth:**  |  |
| **c) Nationality:**  |  |
| **d) Sex (M/F/Undefined):** |  |
| **e) Study Level:** | Undergraduate (EQF 6)  |
| **f) Field of Study (delete as appropriate):**  | 0231 Modern and Medieval Languages Supply HML equivalent code |

**The Home University**

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| --- | --- |
| **g) Name and address:** | The University of Cambridge, The Old Schools,Trinity Lane, Cambridge, CB2 1TN, UK |
| **h) Department and Faculty:** | Modern and Medieval Languages and Linguistics |
| **i) Departmental Coordinator name, email, phone:** | Dr Hugues Azéradyearabroad@mmll.cam.ac.uk+44 1223 335008 |

**The Host Organisation**

|  |  |
| --- | --- |
| **j) Name of Organisation:** |  |
| **k) Address (including postcode) and website where applicable:** |  |
| **l) Country:** |  |
| **m) Sector (see below):** | For the sector, please use one of the codes listed [here](http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN) |
| **n) Number of Employees:**  | € less than 250 € more than 250 |
| **o) Hosting Department:**  |  |
| **p) Supervisor name, position, email, phone:** |  |
| **q) Mentor name, position, email, phone:** |  |

#### **Section 2 – to be completed BEFORE THE PERIOD ABROAD**

#### **I. PROPOSED INTERNSHIP PROGRAMME**

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| **a) Planned period of the internship**: from [day/month/year] ….…….………….till [day/month/year] …………………. |
| **b) Number of working hours per week** (minimum 25 hours per week or 12 hours per week for British Council language assistants)**:** |
| **c) Job title:** |
| **d) Detailed programme of the internship period** (tasks to be carried out by the student, deliverables and timeframes): |
| **e) Knowledge**, **skills and competences to be acquired by the intern at the end of the** **internship** (learning outcomes) * Advanced language skills: reading, writing, speaking, listening.
* Practical experience in the chosen area.
 |
| **f) Monitoring plan** (how/when the home university and host organisation will monitor the student, number of supervision hours, any involvement of a third party e.g. a university within the host country – please specify if so)* Regular contact with home university by email.
* Monitoring by host organisation**.**
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| **h) Evaluation plan** (assessment criteria used to evaluate the student’s progress e.g. initiative, adaptability, communication, teamwork, organisational and foreign language skills)* Successful completion of contracted tasks.
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| **j) The Home University**The internship is embedded into the curriculum.The University of Cambridge does not offer a credit system, and therefore does not allocate credits for internships undertaken by students abroad in their final classification. The institution will record the internship in the student’s transcript of records.**Accident Insurance for the intern:**The home university will provide an accident insurance to the intern (if not provided by the host organisation)Yes 🞏 No XThe accident insurance covers:- accidents during travels made for work purposes: Yes 🞏 No X- accidents on the way to work and back from work: Yes 🞏 No XThe home university will provide a liability insurance to the intern (if not provided by the host organisation).  |

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| **k) The Host Organisation**The receiving organisation/enterprise will provide financial support to the intern for the internship: Yes 🞏 No 🞏 If yes, amount per month: The receiving organisation/enterprise will provide a contribution in kind to the intern for the internship: Yes 🞏 No 🞏 If yes, please specify: The receiving organisation/enterprise will provide appropriate support and equipment to the intern. Upon completion of the internship, the receiving organisation/enterprise undertakes to complete section 4 (Internship Certificate) within 5 weeks after the end of the internship. |

**II. COMMITMENT OF THE THREE PARTIES**

**Please send the learning agreement to your departmental contact at the host company for signature, then sign the document yourself and forward it to your Cambridge departmental co-ordinator for final signature.**

By signing this document, the intern, the home university and the host organisation confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The intern and host organisation will communicate to the home university any problem or changes regarding the internship period.

**Commitment**

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| **The student’s name:****Email: Position:** StudentSignature Date:  |
| **Home University – Departmental Coordinator:** Dr Hugues Azérad**Email:** yearabroad@mmll.cam.ac.uk **Position:** Year Abroad Director  Signature Date:  |
| **Supervisor at host organisation name:** **Email: Position:** Signature Date:  |

#### **Section 3 – to be completed DURING THE PERIOD ABROAD**

#### **EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

#### **EXCEPTIONAL CHANGES TO THE PROPOSED INTERNSHIP PROGRAMME**

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| **a) Planned period of the internship: from [day/month/year] ….…………………..** **till [day/month/year] ………………………** |
| **b) Number of working hours per week:** |
| **c) Job title:** |
| **d) Detailed programme of the internship period** (tasks to be carried out by the student, deliverables and timeframes) |
| **e) Knowledge, skills and competences to be acquired by the intern at the end of the Internship** (learning outcomes)  |
| **f) Monitoring plan** (how/when the home university and host organisation will monitor the student, number of supervision hours, any involvement of a third party e.g. a university within the host country – please specify if so) |
| **g) Evaluation plan** (assessment criteria used to evaluate the student’s progress e.g. initiative, adaptability, communication, teamwork, organisational and foreign language skills) |

The intern, the home university and the host organisation confirm that the proposed amendments to the mobility programme are approved.

**Approval by e-mail or signature from the student, the responsible person in the home university and the responsible person in the host organisation.**

**Changes**

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| **The student: Name** **Email:**  **Position:** StudentSignature Date:  |
| **Home university – Faculty coordinator:** Dr Hugues Azérad**Email:** yearabroad@mmll.cam.ac.uk **Position:** Year Abroad Director Signature Date:  |
| **Supervisor at host organisation Name:** **Email: Position:** Signature Date:  |

#### **Section 4 – to be completed AFTER THE PERIOD ABROAD**

#### **INTERNSHIP CERTIFICATE**

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| **Name of the intern:** |

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| **Name of the host organisation:**  |

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| **Sector of the host organisation:** |

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| **Address of the receiving organisation/enterprise** *[street, city, country, phone, e-mail address]***, website:** |

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| **Start and end of the internship:**from *[day/month/year]* …………….till *[day/month/year]* ……………. |

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| **Job title:** |

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| **Detailed programme of the internship period including tasks carried out by the intern:** |

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| **Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):** |

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| **Evaluation of the intern:** |

**Date:**

**Name and signature of the responsible person at the host organisation:**