



1. Information about the participants

Contact details of the home organisation

| | |
|----------------------|--|
| Name of organisation | |
| Address | |
| Telephone/fax | |
| E-mail | |
| Website | |
| Contact person | |
| Telephone/fax | |
| E-mail | |

Contact details of the host organisation

| | |
|----------------------|--|
| Name of organisation | |
| Address | |
| Telephone/fax | |
| E-mail | |
| Website | |
| Contact person | |
| Tutor/mentor | |
| Telephone/fax | |
| E-mail | |

Contact details of the learner

| | |
|---------------|--|
| Name | |
| Address | |
| Telephone/fax | |
| E-mail | |
| Date of birth | (dd/mm/yyyy) |
| Please tick | <input type="checkbox"/> Male <input type="checkbox"/> Female |

Contact details of parents or legal guardian of the learner, if applicable

| | |
|-----------|--|
| Name | |
| Address | |
| Telephone | |
| E-mail | |

If an intermediary organisation is involved, please provide contact details

| | |
|----------------------|--|
| Name of organisation | |
| Address | |
| Telephone/fax | |
| E-mail | |
| Website | |
| Contact person | |
| Telephone/fax | |
| E-mail | |

2. Duration of the learning period abroad

| | |
|-----------------------------------|-------------------|
| Start date of the training abroad | (dd/mm/yyyy) |
| End date of the training abroad | (dd/mm/yyyy) |
| Length of time abroad | (number of weeks) |

3. The qualification being taken by the learner - including information on the learner's progress (knowledge, skills and competence already acquired)

| | |
|--|--|
| <p>Title of the qualification being taken by the learner (please also provide the title in the language of the partnership, if appropriate)</p> | |
| <p>EQF level (if appropriate)</p> | |
| <p>NQF level (if appropriate)</p> | |
| <p>Information on the learner's progress in relation to the learning pathway (Information to indicate acquired knowledge, skills, competence could be included in an annex)</p> | |
| <p>Enclosures in annex - please tick as appropriate</p> | <p><input type="checkbox"/> Europass Certificate Supplement</p> <p><input type="checkbox"/> Europass CV</p> <p><input type="checkbox"/> Europass Mobility</p> <p><input type="checkbox"/> Europass Language Passport</p> <p><input type="checkbox"/> European Skills Passport</p> <p><input type="checkbox"/> (Unit[s] of) learning outcomes already acquired by the learner</p> <p><input type="checkbox"/> Other: (please specify)</p> |

4. Description of the learning outcomes to be achieved during mobility

| | |
|---|--|
| Title of unit(s)/groups of learning outcomes/parts of units to be acquired | |
| Number of ECVET points to be acquired while abroad | Please specify (if appropriate) |
| Learning outcomes to be achieved | |
| Description of the learning activities (e.g. information on location(s) of learning, tasks to be completed and/or courses to be attended) | |
| Enclosures in annex - please tick as appropriate | <input type="checkbox"/> Description of unit(s)/groups of learning outcomes which are the focus of the mobility <input type="checkbox"/> Description of the learning activities <input type="checkbox"/> Individual's development plan when abroad <input type="checkbox"/> Other: (please specify) |

5. Assessment and documentation

| | |
|---|--|
| Person(s) responsible for assessing the learner's performance | Name: |
| | Organisation, role: |
| Assessment of learning outcomes | Date of assessment: (dd/mm/yyyy) |
| | Method: (please specify) |
| How and when will the assessment be recorded? | |
| Please include | <input type="checkbox"/> Detailed information about the assessment procedure (e.g. methods, criteria, assessment grid) <input type="checkbox"/> Template for documenting the acquired learning outcomes (such as the learner's transcript of record or Europass Mobility) <input type="checkbox"/> Individual's development plan when abroad <input type="checkbox"/> Other: (please specify) |

6. Validation and recognition

| | |
|---|--------------------------------------|
| Person (s) responsible for validating the learning outcomes achieved abroad | Name: (please insert) |
| | Organisation, role: (please specify) |
| How will the validation process be carried out? | (please specify) |
| Recording of validated achievements | Date: (dd/mm/yyyy) |
| | Method: (please specify) |
| Person(s) responsible for recognising the learning outcomes achieved abroad | Name: (please insert) |
| | Organisation, role: (please specify) |
| How will the recognition be conducted? | (please specify) |

7. Signatures

| Home organisation/country | Host organisation/country | Learner |
|---------------------------|---------------------------|-------------|
| | | |
| Name, role | Name, role | Name |
| | | |
| Place, date | Place, date | Place, date |
| | | |

| If applicable: Intermediary organisation | If applicable: Parent or legal guardian |
|--|---|
| | |
| Name, role | Name, role |
| | |
| Place, date | Place, date |
| | |

8. Additional information

9. Annexes