

Memorandum of Understanding



Version 2020

'File code' of the Memorandum of	of Understanding ((optional)
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(use where necessary)

1. Objectives of the Memorandum of Understanding

The Memorandum of Understanding 1 (MoU) forms the framework for cooperation between the competent institutions. It aims to establish mutual trust between the partners. In this Memorandum of Understanding partner organisations mutually accept their respective criteria and procedures for quality assurance, assessment, validation and recognition of knowledge, skills and competence for the purpose of transferring credit.

Are other objectives agreed on? Please tick as appropriate	× No ☐ Yes – these are: (insert information)
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¹ For more information and guidance on the establishment of a MoU please refer to the ECVET User's Guide: 'Using ECVET for geographical mobility (2012) - Part II of the ECVET Users' Guide - Revised version – including key points for quality assurance' – available at: http://www.ecvet-projects.eu/Documents/ECVET Mobility Web.pdf

2. Organisations signing the Memorandum of Understanding	
Organisation 1	
Country	
Name of organisation	
Address	
Telephone/fax	
E-mail	
Website	
Contact person	Name:
Contact person	Position:
Telephone/fax	
E-mail	
Organisation 2	
Country	
Name of organisation	
Address	
Telephone/fax	
E-mail	
Website	
Contact person	Name:
	Position:
Telephone/fax	
E-mail	

Organisation 3 (use where ne	cessary)
Country	
Name of organisation	
Address	
Telephone/fax	
E-mail	
Website	
Contact person	Name:
Contact person	Position:
Telephone/fax	
E-mail	
Organisation 4 (use where ne	cessary)
Country	
Name of organisation	
Address	
Telephone/fax	
E-mail	
Website	
Contact person	Name:
	Position:
Telephone/fax	
E-mail	

Organisation 5 (use where ne	cessary)
Country	
Name of organisation	
Address	
Telephone/fax	
E-mail	
Website	
Contact person	Name:
	Position:
Telephone/fax	
E-mail	
Organisation 6 (use where ne	cessary)
Country	
Name of organisation	
Name of organisation Address	
Address	
Address Telephone/fax	
Address Telephone/fax E-mail Website	Name:
Address Telephone/fax E-mail	Name: Position:
Address Telephone/fax E-mail Website	

where necessary, further tables can be annexed

3. Other organisations covered by this Memorandum of Understanding (if appropriate)

Explanatory note:

For MoUs established within a broader context (such as agreements set up by sector based organisations, chambers, regional or national authorities) a list of organisations (VET providers, companies, etc.) who are able to operate in the framework of the MoU can be added. This list can consist of their names or it can refer to the type of VET providers. The list can be included as an annex.

(insert information, where necessary)

4. The qualification(s) covered by this Memorandum of Understanding	
Qualification 1	
Country	
Title of qualification	
EQF level (if appropriate)	LEVEL 1, 2, 3 VET STUDIES
NQF level (if appropriate)	
Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable)	
	□ Europass Certificate Supplement
Enclosures in annex -	× The learning outcomes associated with the qualification
please tick as appropriate	☐ Description of the unit(s) of learning outcomes for the mobility
	☐ Other: (please specify)
Qualification 2	
Country	
Title of qualification	
EQF level (if appropriate)	LEVEL 1, 2, 3 VET STUDIES
NQF level (if appropriate)	
Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable)	
	☐ Europass Certificate Supplement
Enclosures in annex -	× The learning outcomes associated with the qualification
please tick as appropriate	☐ Description of the unit(s) of learning outcomes for the mobility
	☐ Other: (please specify)

Qualification 3 (use where necessary)	
Country	
Title of qualification	
EQF level (if appropriate)	LEVEL 1, 2, 3 VET STUDIES
NQF level (if appropriate)	
Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable)	
	□ Europass Certificate Supplement
Enclosures in annex - please tick as appropriate	× The learning outcomes associated with the qualification
	☐ Description of the unit(s) of learning outcomes for the mobility
	☐ Other: (please specify)
Qualification 4 (use where nec	cessary)
Country	
Title of qualification	
EQF level (if appropriate)	LEVEL 1, 2, 3 VET STUDIES
NQF level (if appropriate)	
Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable)	
Enclosures in annex - please tick as appropriate	 □ Europass Certificate Supplement × The learning outcomes associated with the qualification □ Description of the unit(s) of learning outcomes for the mobility □ Other: (please specify)

Qualification 5 (use where nec	cessary)
Country	
Title of qualification	
EQF level (if appropriate)	
NQF level (if appropriate)	
Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable)	
Enclosures in annex - please tick as appropriate	 □ Europass Certificate Supplement □ The learning outcomes associated with the qualification □ Description of the unit(s) of learning outcomes for the mobility □ Other: (please specify)
Qualification 6 (use where nec	cessary)
Country	
Title of qualification	
EQF level (if appropriate)	
NQF level (if appropriate)	
Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable)	
Enclosures in annex - please tick as appropriate	 □ Europass Certificate Supplement □ The learning outcomes associated with the qualification □ Description of the unit(s) of learning outcomes for the mobility □ Other: (please specify)

where necessary, further tables can be annexed

5. Assessment, documentation, validation and recognition

By signing this Memorandum of Understanding we confirm that we have discussed the procedures for assessment, documentation, validation and recognition and agree on how it is done.

6. Validity of this Memorandum of Understanding

This Memorandum of Understanding is valid until: insert information

7. Evaluation and review process

The work of the partnership will be evaluated and reviewed by: (09/06/2020), Person(s)/Organisation(s)

8. Signatures	
Organisation / country	Organisation / country
Name, role	Name, role
Place, date	Place, date
	'
Organisation / country (use where necessary)	Organisation / country (use where necessary)
Name, role	Name, role
Place, date	Place, date

Organisation / country (use where necessary)	Organisation / country (use where necessary)
Name, role	Name, role
Place, date	Place, date

where necessary, further tables can be annexed

9. Additional information

10. Annexes