



UNIVERSITÀ  
DEGLI STUDI  
FIRENZE

Scuola di  
Architettura  
**DIDA**  
Dipartimento di Architettura



# PRIMA DELLA MOBILITÀ





## Step 1: ACCETTAZIONE SEDE NOMINATIVA



Gli studenti vincitori di una **sede nominativa** dovranno formalizzare la propria accettazione allo svolgimento della mobilità entro e non oltre **5 giorni** dalla pubblicazione della graduatoria, inviando ad [archint@unifi.it](mailto:archint@unifi.it) un apposito **modulo di accettazione**.



# Step 1: ACCETTAZIONE

## SEDE GENERICA



Gli studenti vincitori per un **sede generica** dovranno:

- formalizzare la propria accettazione della sede proposta collegandosi alla pagina **<https://ammissioni.unifi.it>** nella sezione “I tuoi concorsi”, nel rispetto delle scadenze che saranno indicate sull’applicativo.
- Inviare ad **[archint@unifi.it](mailto:archint@unifi.it)** il **modulo di Accettazione**, fornito dell’ufficio, **entro i termini indicati**.



# Step 1: ACCETTAZIONE

## Modulo di accettazione





UNIVERSITÀ  
DEGLI STUDI  
FIRENZE

AREA  
SERVIZI ALLA  
DIDATTICA

**ERASMUS+ traineeship**  
BANDO di idoneità alla Mobilità Erasmus+ traineeship a.a. 2020/2021 D.R. n. 56094 (477) del

**ACCETTAZIONE DELLA MOBILITÀ**

Il/La sottoscritta \_\_\_\_\_ matricola \_\_\_\_\_  
Corso di Laurea \_\_\_\_\_ in \_\_\_\_\_  
selezionato per una mobilità Erasmus+ traineeship a.a. 202 /202 della durata di \_\_\_\_\_  
mesi presso l'ateneo/l'azienda \_\_\_\_\_  
consapevole che la quantificazione dell'ammontare della borsa e del numero delle mensilità da questa effettivamente coperte avverrà solo a seguito della comunicazione da parte dell'Agenzia Nazionale Erasmus+ INDIRE del numero di mensilità assegnate all'Ateneo (art. 2 comma 6 del Bando)

CONFERMA

il proprio interesse ad effettuare la suddetta mobilità verso la sede e per il numero di mensilità indicate, in qualità di *(scegliere l'opzione che interessa)*

- Studente
- Neolaureato
- Dottorando/Specializzando
- Dottore di ricerca/Specializzato

e si impegna a partire solo dopo:

- aver sottoscritto il contratto individuale di mobilità
- aver perfezionato l'iscrizione all'a.a. \_\_\_\_\_ (fatto salvo quanto previsto dall'Art. 4 nota 1 del comma 1 e Art.4 secondo punto del comma 1a)

L'inizio del periodo di mobilità è previsto per il mese di \_\_\_\_\_

Firenze, il \_\_\_\_\_

FIRMA dello studente \_\_\_\_\_

Area Servizi alla Didattica – Mobilità Internazionale  
Via Della Pergola, 60 – 50121 Firenze  
Tel. +39 055 2756974/975/976/977 | e-mail: outgoing.erasmus@unifi.it  
P.IVA | Cod. Fis. 01279660480





## Step 2: NOMINA VINCITORI ✓

### SEDE GENERICA

(di competenza dell'Ufficio Relazioni Internazionali)

Dopo aver inviato la lettera di accettazione, l'Ufficio Relazioni Internazionali della Scuola provvederà a **NOMINARE** gli studenti presso l'Azienda ospitante.

L'Azienda potrebbe richiedere un **colloquio telematico** oppure l'invio di **portfolio e/o CV** per verificare la possibilità di accettare la candidatura, sulla base dei requisiti in possesso.



# Step 3: COMPILAZIONE DEL LEARNING AGREEMENT DEFINITIVO

## SEDE GENERICA

Compilare il **LA** relativo all'Azienda alla quale si è stati assegnati, mettendosi in contatto con i responsabili.

## SEDE NOMINATIVA

Completare il **LA** con i dati eventualmente mancanti, in particolare definire il **periodo** in cui si intende effettuare il tirocinio sulla base degli accordi presi con l'Azienda.





# 3. LEARNING AGREEMENT DEFINITIVO

GFNA-II-C-Annex IV-I-Erasmus+ HE-2015



Higher Education  
Learning Agreement for  
Traineeships

Camilla Perrone; archint@unifi.it

Student's name  
Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Sex [M/F]	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
	[REDACTED]						
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	University of	Architecture	I FIRENZE01	Via della Mattonaia 8, FI	Italy	Camilla Perrone ; archint@unifi.it	
Receiving Organisation /Enterprise	Florence Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees	[REDACTED]	

DATI STUDENTE

DATI UFFICIO REL. INT.

DATI AZIENDA

## Before the mobility

<p><i>Table A - Traineeship Programme at the Receiving Organisation/Enterprise</i></p> <p>Planned period of the mobility: from [month/year] ..... to [month/year] .....</p>	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	
<p>The level of language competence<sup>8</sup> in _____ [indicate here the main language of work] that the trainee already has or agrees to acquire by the start of the mobility period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/></p>	

TABELLA A

PERIODO DELLA  
MOBILITA' DEFINITIVO

LIVELLO DI CONOSCENZA  
LINGUISTICA DICHIARATO





# 3. LEARNING AGREEMENT DEFINITIVO

## TABELLA B

**Table B - Sending Institution**  
Please use only one of the following three boxes:<sup>9</sup>

1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

Award ..... ECTS credits (or equivalent) <sup>10</sup>	Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: ....
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document ( <i>highly recommended</i> ): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Accident insurance for the trainee**

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

SE TIROCINIO **CURRICULARE**,  
COMPILARE IL **PUNTO 1**  
«**embedded in the curriculum**» e inserire i CFU (ECTS) corrispondenti

SE TIROCINIO  
**EXTRA-CURRICULARE** e  
**VOLONTARIO**,  
COMPILARE IL **PUNTO 2** e gli eventuali CFU corrispondenti, nel caso si desideri richiederne il riconoscimento.





# 3. LEARNING AGREEMENT DEFINITIVO

## TABELLA B

<i>Table B - Sending Institution</i>	
<i>Please use only one of the following three boxes:<sup>9</sup></i>	
1. The traineeship is <b>embedded in the curriculum</b> and upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ..... ECTS credits (or equivalent) <sup>10</sup>	Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. The traineeship is <b>voluntary</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: ....
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. The traineeship is carried out by a <b>recent graduate</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document ( <i>highly recommended</i> ): Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Accident insurance for the trainee</b>	
The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

SE TIROCINIO è  
**POST LAUREA**,  
COMPILARE IL PUNTO 3  
«recent graduate».





# 2. LEARNING AGREEMENT DEFINITIVO

## TABELLA B

<i>Table B - Sending Institution</i>	
<i>Please use only one of the following three boxes:<sup>9</sup></i>	
1. The traineeship is <b>embedded in the curriculum</b> and upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ..... ECTS credits (or equivalent) <sup>10</sup> <input type="checkbox"/>	Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. The traineeship is <b>voluntary</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: ....
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. The traineeship is carried out by a <b>recent graduate</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document ( <i>highly recommended</i> ): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Accident insurance for the trainee	
The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

ASPETTI ASSICURATIVI  
UNIFI





# 2. LEARNING AGREEMENT DEFINITIVO

## TABELLA C

Table C - Receiving Organisation/Enterprise					
The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, amount (EUR/month): .....		
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please specify: ....					
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>			The accident insurance covers:		
			- accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/>		
			- accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>		
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>					
The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.					
Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.					
By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the 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 traineeship period. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries).					
Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person <sup>11</sup> at the Sending Institution					
Supervisor <sup>12</sup> at the Receiving Organisation	Camilla Perrone	<a href="mailto:archint@unifi.it">archint@unifi.it</a>	Erasmus Delegate		

DATI STUDENTE E FIRMA

DATI REFERENTE AZIENDA

DATI UFFICIO REL. INT





## 3. STEP PER LA COMPILAZIONE DEL L.A. ✓

- 1. Consultare** l'Azienda ospitante e concordare tutte le informazioni da inserire (piano di tirocinio, periodo, durata, aspetti assicurativi,...);
- 2. Compilare il Learning Agreement** (il modello è disponibile anche sul sito della Scuola al percorso: *Scuola di Architettura unifi > Mobilità internazionale > Programma Erasmus+ > Erasmus+ Traineeship > Modulistica e FAQ > Learning Agreement for traineeship*)
- 3. Ottenere firma e timbro dell'Azienda**, firmare personalmente il documento ed inviarlo ad [archint@unifi.it](mailto:archint@unifi.it). L'Ufficio provvederà a sua volta all'approvazione.



## Step 4: FIRMA DEL CONTRATTO DI MOBILITA'

Circa un mese prima della partenza, lo studente sarà contattato dall'*Ufficio Servizi alla Didattica*, per la firma del **CONTRATTO DI MOBILITA'**.

Oltre alla copia del contratto firmato, riceverà l' **ATTESTAZIONE PERIODO DI TIROCINIO**. Si tratta di un documento da portare con sé al momento della partenza.

L'Azienda ospitante dovrà indicare nel documento la **DATA DI ARRIVO**, necessaria per determinare il giorno di inizio della mobilità e, in base ad esso, il rilascio del contributo economico.



## Step 4: FIRMA DEL CONTRATTO DI MOBILITA' INFORMAZIONI



Per ulteriori informazioni sui **contributi economici** e sul **contratto di mobilità**:

- Consultare il **BANDO DI ATENEO** di selezione per l'assegnazione di contributi economici per la mobilità internazionale Erasmus+ per tirocinio.
- Contattare **l'Ufficio Servizi alla Didattica**  
[outgoing.erasmus@unifi.it](mailto:outgoing.erasmus@unifi.it)



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# SEI PRONTO PER PARTIRE

