



UNIVERSITÀ
DEGLI STUDI
FIRENZE

Scuola di
Architettura
DIDA
Dipartimento di Architettura



BEFORE MOBILITY





Step 1: ACCEPTANCE

SEDE NOMINATIVA

(Personal Choice)




Students who have passed a competition to study in a location of their choice (*sede nominativa*) must formalize their acceptance to carry out the mobility within the deadlines specified in the Call by sending the acceptance form to archint@unifi.it



Step 1: ACCEPTANCE

Acceptance form





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 1: ACCEPTANCE

SEDE GENERICA

(Proposed Destination)



Students who have passed a competition to study in a destination proposed by UNIFI (*sede generica*) need to:

- formalize their acceptance of the proposed destination by logging on to the **<https://ammissioni.unifi.it>** in the "Your Contests" ("*I tuoi concorsi*") section, in accordance with the deadlines that will be indicated on the application.



Step 2: APPOINTMENT SEDE GENERICA (Proposed Destination)



(under the purview of the Office of International Relations)

After formalizing acceptance, the School's International Relations Office will **NOMINATE** the students to the host destination.

The host destination may request an **online interview** or the submission of **portfolio and/or CV** to verify the possibility of accepting the nomination, based on the requirements they possess.



Step 3: COMPILATION OF THE FINAL LEARNING AGREEMENT

SEDE GENERICA

Proposed
Destination

Fill out the **LA** related to the Seat/Destination to which you have been assigned, contacting those in charge.

SEDE NOMINATIVA

Personal Choice
Destination

Complete the **LA** with any missing data, especially define the **period** in which the internship is intended to take place based on the agreements made with the Company.





3. FINAL LEARNING AGREEMENT

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



Higher Education Learning Agreement for Traineeships

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

Emanuela Ferretti; archint@unifi.it

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

Student information

International relations office

Receiving university information

Before the mobility

<i>Table A - Traineeship Programme at the Receiving Organisation/Enterprise</i>	
Planned period of the mobility: from [month/year] to [month/year]	
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:	
The level of language competence ⁸ 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"/>	

TABLE A

FINAL MOBILITY
DURATION

LEVEL OF LANGUAGE
PROFICIENCY



3. FINAL LEARNING AGREEMENT

TABLE B

Table B - Sending Institution
Please use only one of the following three boxes:⁹

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

Award ECTS credits (or equivalent) ¹⁰	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"/>	

IF THE INTERNSHIP IS **CURRICULAR**,
FILL IN **ITEM 1**
«**embedded in the curriculum**»
and enter the corresponding CFUs
(ECTS).

IF THE INTERNSHIP IS
EXTRA-CURRICULAR and
VOLUNTARY,
FILL IN **ITEM 2** and the
corresponding CFUs, if any,
should you wish to apply for
recognition.





3. FINAL LEARNING AGREEMENT

TABLE B

<i>Table B - Sending Institution</i>	
<i>Please use only one of the following three boxes:⁹</i>	
1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent) ¹⁰	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 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"/>	
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 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"/>	

IF THE INTERNSHIP IS
POSTGRADUATE, FILL
IN **ITEM 3**
«**recent graduate**».





3. FINAL LEARNING AGREEMENT

TABLE B

Table B - Sending Institution	
Please use only one of the following three boxes: ⁹	
1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent) ¹⁰	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 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"/>	

UNIFI INSURANCE ASPECTS





3. FINAL LEARNING AGREEMENT

TABLE 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 ¹¹ at the Sending Institution					
Supervisor ¹² at the Receiving Organisation	Emanuela Ferretti	archint@unifi.it	Erasmus Delegate		

student info and signature

enterprise referent info

international relations office info





3. STEP FOR COMPLETING THE L.A.



1. Consult the Host Company and agree on all the information to be included (internship plan, period, duration, insurance aspects, etc.);
2. **Fill out the Learning Agreement** (the form is available on the School's website: *Scuola di Architettura UniFi > Mobilità internazionale > Programma Erasmus+ > Erasmus+ Traineeship > Modulistica e FAQ > Learning Agreement for traineeship*)
3. Obtain **signature** and **stamp** of the Company, personally sign the document and send it to archint@unifi.it. The Office will in turn provide its approval.



Step 4: SIGNING THE MOBILITY CONTRACT

Approximately one month before departure, the student will be contacted by the Office of Educational Services (*Ufficio Servizi alla Didattica*), to sign the **MOBILITY CONTRACT**;

In addition to a copy of the signed contract, you will receive the **INTERNSHIP PERIOD CERTIFICATE**. This is a document to take with you when you leave.

The Host Company must indicate in the document the **ARRIVAL DATE**, which is necessary to determine the day of the start of the mobility and, based on it, the release of the financial support.



Step 4: SIGNING OF THE MOBILITY CONTRACT



INFORMATION

For more information on **financial aid** and the **mobility contract**:

- See ATENEO NOTICE OF SELECTION (BANDO DI ATENEO) for the award of financial grants for Erasmus+ international mobility for internships.
- Contact the Office of Educational Services (*Ufficio Servizi alla Didattica*) outgoing.erasmus@unifi.it



OPTING OUT

If you intend to opt out of your mobility before departure, send a letter to:

- archint@unifi.it with outgoing.erasmus@unifi.it in Copy (Cc)



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YOU'RE READY TO GO

