**NEL CASO DI UTILIZZO DI ECVET**

**ALLEGATO I**

**Learning Agreement**

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| 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 | ☐ Male☐ 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 |  |

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| 1. **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) |

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| 1. **The qualification being taken by the learner - including information on the learner’s progress (knowledge, skills and competence already acquired)**
 |
| Title of the qualification being taken by the learner (please also provide the title in the language of the partnership, if appropriate) |  |
| EQF level (if appropriate) |  |
| NQF level (if appropriate) |  |
| 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 ) |  |
| Enclosures in annex - please tick as appropriate | ☐ Europass Certificate Supplement☐ Europass CV☐ Europass Mobility☐ Europass Language Passport☐ European Skills Passport☐ (Unit[s] of) learning outcomes already acquired by the learner☐ Other: please specify  |

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| 1. **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 | ☐ Description of unit(s)/groups of learning outcomes which are the focus of the mobility ☐ Description of the learning activities☐ Individual’s development plan when abroad☐ Other: please specify  |

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| 1. **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 | ☐ Detailed information about the assessment procedure (e.g. methods, criteria, assessment grid)☐ Template for documenting the acquired learning outcomes (such as the learner’s transcript of record or Europass Mobility)☐ Individual’s development plan when abroad☐ Other: Please specify  |

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| 1. **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 |

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| 1. **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 |
|  |  |

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| 1. **Additional information**
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| 1. **Annexes**
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**ALLEGATO II**

**CONDIZIONI GENERALI**

**Articolo 1: Responsabilità**

Ciascuna parte contraente esonera l’altra da ogni responsabilità civile per danni subiti da lui o dal proprio personale come risultato dell’esecuzione di questo contratto, purché i danni non siano il risultato di una grave ed intenzionale cattiva condotta.

L’Agenzia nazionale, la Commissione Europea e il suo personale non saranno ritenuti responsabili in caso di reclami relativi a danni causati durante la realizzazione della mobilità. Conseguentemente l’Agenzia nazionale o la Commissione europea non prenderanno in considerazione alcuna richiesta di risarcimento danni.

**Articolo 2: Recesso e risoluzione del contratto**

In caso di inadempimento contrattuale del Partecipante, senza considerare le conseguenze derivanti dall’applicazione della legislazione, l’Organismo è legalmente autorizzato a porre fine al contratto senza ulteriori formalità se il partecipante non pone in essere provvedimenti entro un mese dal ricevimento della lettera raccomandata.

Se il partecipante recede anticipatamente dal contratto per cause non imputabili a *forza maggiore* o nel caso in cui non rispetti le disposizioni del contratto, dovrà restituire l’ammontare del finanziamento già versato, salvo diversamente concordato con l’Organismo.

Diversamente, in caso di risoluzione del contratto da parte del Partecipante per cause di forza maggiore, (una situazione imprevedibile ed eccezionale fuori dal suo controllo e non attribuibile ad errore o a sua negligenza), questi riceverà l’ammontare del finanziamento calcolato proporzionalmente alla durata della sua permanenza all’estero, sulla base di quanto indicato nell’Articolo 2.2. Ogni rimanente somma dovrà essere restituita, salvo accordi differenti stipulati con l’Organismo.

**Articolo 3: Trattamento dei dati**

I dati personali presenti nel contratto saranno trattati in accordo con il Regolamento (EC) n° 45/2001 del Parlamento europeo e del Consiglio in materia di protezione degli individui con riguardo al trattamento dei dati personali da parte degli organismi comunitari e al libero trasferimento dei dati. I dati saranno divulgati solo per attività inerenti l’implementazione e il follow-up del contratto da parte dell’organismo di invio, dell’Agenzia nazionale e della Commissione europea, senza recare pregiudizio alla possibilità di passare i dati agli organismi responsabili delle ispezioni e degli audit in accordo con la legislazione comunitaria (Corte dei Conti o Ufficio Europeo Antifrode).

Il partecipante può, con richiesta scritta, avere accesso ai suoi dati personali e procedere alla correzione delle informazioni inesatte o incomplete. Il partecipante può richiedere ogni tipo di informazione riguardo al trattamento dei suoi dati personali. Il partecipante può presentare un reclamo a al Garante per la protezione dei dati sensibili operante ai sensi del Decreto legislativo n. 196/2003, in merito al trattamento dei suoi dati da parte dell’organismo di invio e/o dell’Agenzia nazionale o al garante europeo per la privacy in relazione all’uso dei dati da parte della Commissione europea.

**Articolo 4: Controlli e Audit**

Le parti contraenti si impegnano a fornire ogni informazione richiesta dalla Commissione europea, dall’Agenzia nazionale o da qualsiasi altro organismo da esse autorizzato con lo scopo di verificare il buon andamento del periodo di mobilità in ottemperanza alle disposizioni del contratto.

Il partecipante si rende, altresì, disponibile a prendere parte alle azioni di monitoraggio e di valutazione promosse dall’Agenzia nazionale nei 24 mesi successivi alla data di chiusura delle attività progettuali e, nei limiti delle sue possibilità, a comunicare all’Organismo l’eventuale variazione della sua residenza.

**ALLEGATO III**

 **Memorandum of Understanding**

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| **‘File code’ of the Memorandum of Understanding (optional)** |
| Remove if not necessary  |
| 1. **Objectives of the Memorandum of Understanding**
 |
| The Memorandum of Understanding**[[1]](#footnote-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. **Organisations signing the Memorandum of Understanding**
 |
| Organisation 1 |
| Country |  |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person  | Name |
| 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 |  |

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| Organisation 3 (remove table if not necessary) |
| Country |  |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person | Name  |
| Position |
| Telephone/fax |  |
| E-mail |  |
| Organisation 4 (remove table if not necessary) |
| Country |  |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person | Name  |
| Position |
| Telephone/fax |  |
| E-mail |  |

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| --- |
| Organisation 5 (remove table if not necessary) |
| Country |  |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person | Name  |
| Position |
| Telephone/fax |  |
| E-mail |  |
| Organisation 6 (remove table if not necessary) |
| Country |  |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person | Name  |
| Position |
| Telephone/fax |  |
| E-mail |  |

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| 1. **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 here or remove if not necessary |

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| 1. **The qualification(s) covered by this Memorandum of Understanding**
 |
| Qualification 1 |
| 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 2 |
| 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 3 (remove table if not necessary) |
| 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 4 (remove table if not necessary) |
| 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  |

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| Qualification 5 (remove table if not necessary) |
| 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 (remove table if not necessary) |
| 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 |

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| 1. **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.  |
| 1. **Validity of this Memorandum of Understanding**
 |
| This Memorandum of Understanding is valid until: insert information  |
| 1. **Evaluation and review process**
 |
| The work of the partnership will be evaluated and reviewed by: dd/mm/yyyy, person(s)/organisation(s) |

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| --- |
| 1. **Signatures**
 |
| **Organisation / country** | **Organisation / country** |
|  |  |
| Name, role  | Name, role |
|  |  |
| Place, date | Place, date |
|  |  |

|  |  |
| --- | --- |
| **Organisation / country** (remove if not necessary) | **Organisation / country** (remove if not necessary) |
|  |  |
| Name, role | Name, role |
|  |  |
| Place, date | Place, date |
|  |  |

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| --- | --- |
| **Organisation / country** (remove if not necessary) | **Organisation / country** (remove if not necessary) |
|  |  |
| Name, role | Name, role |
|  |  |
| Place, date | Place, date |
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| 1. **Additional information**
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| 1. **Annexes**
 |

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*](http://www.ecvet-projects.eu/Documents/ECVET_Mobility_Web.pdf) [↑](#footnote-ref-1)