



Erasmus+ Konsortiumprojekt der BD Kärnten

2023-1-AT01-KA121-SCH-000117131

Learning agreement for students' short term (Peer learning)

Teacher

Name:	
Date of birth:	
E-mail:	
Phone:	
Teachers current work place:	

Home institution

Name:	
Address:	
Country:	
Telephone:	
E-mail:	
Telephone:	
OID number:	

Host institution

Name:	
Address:	
Country:	
Telephone:	
Contact:	
Position:	
E-mail:	
Telephone:	
OID number:	

Duration of the internship

Exact Dates:	
--------------	--

Learning objectives

Aims according to the plan of Erasmus:

- building capacity of schools to engage in cross-border exchanges
- enhancing digital competences
- Increasing of languages competences
- Increasing of European and Global Citizenship

Additional competences:

Experience in working with students of other cultures and with other educational background
 Communicating with colleagues in foreign languages (multimedia, digital communication)
 Comparing learning environments and outputs of the own school with that of the partner school
 Awareness of cultural differences in education and daily life
 Gaining further knowledge of the visited country

Program

Day	time	program
		Travel day
		X
		X
		X
		X
		X
		Travel day

Additional competences and skills

Competence:	<ul style="list-style-type: none"> • Expanding social networks
Skills:	<ul style="list-style-type: none"> • Improving language skills • Knowledge about partner school, daily school routines of colleagues, culture, country and parts of its history

Authorities

In charge of:	Home institution	Host institution
Signing the learning agreement	X	X
Info sheets	X	
Health and travel insurance during the stay abroad		
Provision of accommodation	X	
Assessment of the learning process	X	

Authorities in terms of documentation

In charge of	Host institution	Student
Europass Mobility		X

Changes (if applicable):

Please enter any changes in the learning agreement in the space provided below. All parties involved must be informed about them beforehand.

COMMITMENT OF THE PARTIES INVOLVED

By signing this document, the participant, the sending institution and the receiving organization confirm that they will abide by the principles of the Quality Commitment for Erasmus+ mobilities.

THE PARTICIPANT

Date:

.....

Signature and stamp of contact person (responsible for this peer learning program at home institution)

THE RECEIVING ORGANISATION

We confirm that this proposed mobility agreement is approved.

On completion of the mobility the organisation will issue a Certificate

Date:

.....

Signature and stamp of contact person (responsible for this peer learning program at host institution)

THE SENDING INSTITUTION

We confirm that this proposed mobility agreement is approved.

Date:

.....

Signature of project coordinator (principal)