**DURING THE MOBILITY**

#### **Exceptional Changes to the Traineeship Programme at the Receiving Organisation**

#### **(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the Responsible Person in the Receiving Organisation)**

#### **I. EXCEPTIONAL CHANGES TO THE MOBILITY PROGRAMME**

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| **Planned duration of the mobility period**  Planned period of the mobility: from [day/month/year] ……………. till [day/month/year] …………….  If applicable, planned period(s) of the virtual mobility: from [day/month/year] ……………. to [day/month/year] ……………. |
| **Number of working hours per week:** … |
| **Traineeship title** |
| **Detailed programme of the traineeship period (including the virtual component, if applicable):** |
| **Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes):** |
| **Monitoring plan** |
| **Evaluation plan** |

#### **II. CHANGES IN THE RESPONSIBLE PERSONS, if any**

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| **New responsible person in the Sending Institution:**  Name: Function:  Phone number: E-mail: |

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| **New responsible person in the Receiving Organisation:**  Name: Function:  Phone number: E-mail: |

#### **III. COMMITMENT OF THE THREE PARTIES**

The trainee; the Sending Institution and the Receiving Organisation/Enterprise confirm that the proposed amendments to the Learning Agreement are approved.

*[Agreement of the proposed amendments by email is accepted. Original or scanned signatures are not mandatory for this specific section.]*

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| **The Trainee**  Trainee's signature or approval by e-mail Date: |

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| **The Receiving Organisation /Enterprise**  Responsible person’s signature or approval by e-mail Date: |

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| **The Sending Institution**  Responsible person’s signature or approval by e-mail Date: |