



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	<input type="checkbox"/> Male <input type="checkbox"/> 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	

2. 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)

3. The qualification being taken by the learner - including information on the learner's progress (knowledge, skills and competence already acquired)

<p>Title of the qualification being taken by the learner (please also provide the title in the language of the partnership, if appropriate)</p>	
<p>EQF level (if appropriate)</p>	
<p>NQF level (if appropriate)</p>	
<p>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)</p>	
<p>Enclosures in annex - please tick as appropriate</p>	<p><input type="checkbox"/> Europass Certificate Supplement</p> <p><input type="checkbox"/> Europass CV</p> <p><input type="checkbox"/> Europass Mobility</p> <p><input type="checkbox"/> Europass Language Passport</p> <p><input type="checkbox"/> European Skills Passport</p> <p><input type="checkbox"/> (Unit[s] of) learning outcomes already acquired by the learner</p> <p><input type="checkbox"/> Other: (please specify)</p>

4. Description of the learning outcomes to be achieved during mobility

<p>Title of unit(s)/groups of learning outcomes/parts of units to be acquired</p>	
<p>Number of ECVET points to be acquired while abroad</p>	<p>Please specify (if appropriate)</p>
<p>Learning outcomes to be achieved</p>	
<p>Description of the learning activities (e.g. information on location(s) of learning, tasks to be completed and/or courses to be attended)</p>	
<p>Enclosures in annex - please tick as appropriate</p>	<p><input type="checkbox"/> Description of unit(s)/groups of learning outcomes which are the focus of the mobility</p> <p><input type="checkbox"/> Description of the learning activities</p> <p><input type="checkbox"/> Individual's development plan when abroad</p> <p><input type="checkbox"/> Other: (please specify)</p>

5. 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	<input type="checkbox"/> Detailed information about the assessment procedure (e.g. methods, criteria, assessment grid) <input type="checkbox"/> Template for documenting the acquired learning outcomes (such as the learner's transcript of record or Europass Mobility) <input type="checkbox"/> Individual's development plan when abroad <input type="checkbox"/> Other: (please specify)

6. 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)

7. 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

8. Additional information

9. Annexes