

Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Sex [M/F]	Study cycle ²	Field of education ³
	Soyadınız	Adınız	Doğum Tarihiniz	Uyruğunuz	Cinsiyetiniz M: Erkek F: Kadın	First Cycle (Lisans) / Second Cycle (Y. Lisans) / Third Cycle (Doktora) Eğitim düzeyiniz isteniyor. Eğitim düzeyinize göre İngilizce yazınız.	Okuduğunuz bölümü İngilizce yazınız.
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Bitlis Eren University	Lütfen Fakülte ve Bölümünüzü İngilizce yazınız.	TR BITLİS01	Rahva Yerleşkesi Beş Minare Mah. Ahmet Eren Bulvarı 13100 Merkez/Bitlis	Turkey	Cenk DİNÇER cdincer@beu.edu.tr +90 (434) 222 00 00 - 1060	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person ⁶ name; position; e-mail; phone	Mentor ⁷ name; position; e-mail; phone
	Lütfen staj yapacağınız kurumun tam adını İngilizce yazınız.	Lütfen staj yapacağınız bölüm veya birimi İngilizce olarak yazınız.	Lütfen staj yapacağınız kurumun posta adresi ve internet sayfasının linkini yazınız.	Staja gideceğiniz kurumun bulunduğu ülkeyi İngilizce olarak yazınız.	<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees Staj yapacağınız kurumu büyüklüğüne göre seçiniz	Lütfen staj yapacağınız kurumun yazıştığınız kişinin adı-soyadı, kurumdaki görevi, e-posta adresini ve telefonunu yazınız.	Lütfen staj yapacağınız kurumda sizden sorumlu olacak eğitmen veya danışmanın adı-soyadı, kurumdaki görevi, e-posta adresini ve telefonunu yazınız. (Contact Person ile aynı olabilir)

Before the mobility

<p>Table A - Traineeship Programme at the Receiving Organisation/Enterprise</p> <p>Lütfen aşağıdaki kısma stajınızın başlayacağı ve biteceği tarihleri yazınız. ("FROM" kısmı başlangıç tarihi, "TO" kısmı bitiş tarihi)</p> <p>Planned period of the mobility: from [month/year] to [month/year]</p>	
Traineeship title: <i>Trainee</i>	Number of working hours per week: Haftada kaç saat staj yapacağınızı yazınız. (minimum 30 saat)
Detailed programme of the traineeship: Yapacağınız staj faaliyetini ve programını yazmanız gerekiyor. Örnek olarak: [Medical degree applicants: Min. 1 month/ward] -Be an observer in various treatments and operations in the form of 6-hour trainee per day. - The Intern will be entrusted with clinical responsibilities under supervision. He/she shall not work independently. -	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes): Staj faaliyeti sona erdiğinde kazanacağınız bilgi beceri ve yeterlilikleri yazınız. Örnek cümleler (alanınıza uygun 3-4 cümle yazsanız yeterli): - attendance under the supervision of the designated tutors; - acquisition of relevant skills in each ward. -will be able to recognize dental instruments. Trainee; - will have information about common dental diseases and its treatments. -will be able to communicate with patients. - Diagnose and manage clinically common disease conditions encountered in Clinical practice and make timely decision for referral to higher level. - Use discretely essential drugs, infusions blood or its substitutes and laboratory services. - Manage all type of emergencies – Medical, Surgical Obstetric, Neonatal and Paediatric. - Acquire ability, to judiciously select appropriate investigation as per clinical situation, properly collect samples for analysis and, to interpret common clinical and lab data. - To understand the effect of five medications for drugs used in the treatment of osteoporosis. - To learn more about current surgery and rehab concepts in the treatment of anterior cruciate ligaments.	

- Effectively communicate radiographic safety techniques and concerns to patients and peers and acquire maximum diagnostic yield with minimal exposure to radiation.
- Understanding the microbiology, parasitology and toxicology of food.
- Designing and carrying out health status assessment protocols, and identifying nutritional risk factors

Monitoring plan: Staj faaliyeti süresince staj yapacağınız kurumun size nasıl kontrol ve takip edeceğini yazınız.

- The designated tutors will monitor regular attendance and compliance with ward/hospital rules.
- The trainee will be monitoring by her/his mentor in real life, supported with information about details of mentor's work.
- Students who do internships in companies are advised academically and professionally by two tutors who evaluate how well they perform their activities and assign them a final grade for the internship.

Evaluation plan: Staj yapacağınız kurum tarafından stajınızın nasıl veya neye göre değerlendirileceğini yazınız.

- The final evaluation will assess the overall performance of the trainee.
- At the end of the training, the mentor will evaluate the skills observed in the clinic; interactive participation and learning outcomes are also part of the assessment.
- Interns shall maintain a Logbook which shall be verified and certified by the Unit In charge under whom he works, during his internship period.
- A certificate of completion of training will be issued. (zorunlu)

The level of **language competence**⁸ in **English** [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 A2 B1 B2 C1 C2 Native speaker
En az B1 veya B2 dil seviyesi seçmeniz gerekmektedir.

Table B - Sending Institution

Please use only one of the following three boxes:⁹

Bu kısımda aşağıdaki üç bölümden kendi durumunuza göre SADECE birini seçmeniz ve doldurmanız gerekmektedir. Buna göre;

1. Eğer BVÜ'deki bölüm stajınızı saydıracaksanız sadece 1. bölümü seçip aşağıdaki şekilde doldurmanız gerekmektedir. Bu bölümü seçenler bölüm koordinatörü ile detaylı konuşup, onay almalıdır.
2. Eğer gönüllü staj yapacaksanız sadece 2. bölümü seçip aşağıdaki şekilde doldurmanız gerekmektedir.
3. Eğer mezun olduktan sonra veya son sınıftayken Erasmus+ kapsamında staj faaliyeti gerçekleştirecekseniz 3. bölümü seçip aşağıdaki şekilde doldurmanız gerekmektedir.

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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	If yes, please indicate the number of credits:
Give a grade: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	If yes, please indicate the number of credits:
Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Aşağıdaki kısımda BEU tarafından size kaza, seyahat, sorumluluk sigortası yapılıp yapılmayacağı soruluyor. BEU tarafından herhangi bir sigorta hizmeti sunulmuyor. Bu yüzden bu kısımda aşağıdaki örnekteki gibi no seçeneği işaretli olmalıdır.

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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Table C - Receiving Organisation/Enterprise

<p>Staj yapacağınız kurum size maddi destek sağlayacaksa aşağıdaki kutucuk YES olarak işaretlenmeli. Yoksa NO seçeneği işaretli kalmalı.</p> <p>The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Staj yapacağınız kurum tarafından size maddi destek sağlanacaksa aylık miktarı aşağıdaki kısma EURO cinsinden giriniz gerekmektedir.</p> <p>If yes, amount (EUR/month):</p>
<p>Aşağıdaki kısımda staj yapacağınız kurumun size tesis ve olanaklarını kullanarak kullanılmayacağı soruluyor. Eğer kullanılabilecekse hangi imkanların size sunulacağı alt kısımda açıklamanız isteniyor. Eğer böyle bir olanak sağlanmayacaksa aşağıdaki örnekteki gibi no seçeneği işaretli kalmalıdır.</p> <p>The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please specify:</p>	
<p>Staj yapacağınız kurum tarafından size kaza sigortası yapılıp yapılmayacağı soruluyor. Eğer staj yapacağınız kurum size kaza sigortası YAPMAYACAĞI "no" olarak işaretlenmelidir.</p> <p>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 checked="" type="checkbox"/></p>	<p>The accident insurance covers:</p> <p>- accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>- accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Aşağıdaki kısımda staj yapacağınız kurum tarafından size mali sorumluluk sigortası yapılıp yapılmayacağı soruluyor. Duruma göre iki seçenektan birini işaretlemeniz gerekmektedir.</p> <p>The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution):</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>Bu kısımda herhangi bir değişiklik yapmadan bırakmanız gerekmektedir.</p> <p>The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.</p>	
<p>Bu kısımda herhangi bir değişiklik yapmadan bırakmanız gerekmektedir.</p> <p>Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.</p>	

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	Adınız Soyadınız	E-posta adresiniz	Trainee	İmzanızı attığınız tarih	İmzanızı buraya atınız.
Responsible person ¹¹ at the Sending Institution	Ünvanıyla birlikte bölüm Erasmus+ koordinatörünüzün adı ve soyadını yazınız.	Bölüm koordinatörünüzün e-posta adresini yazınız.	Departmental Erasmus+ Coordinator	Koordinatörün uzun imzasını attığı tarih	Koordinatörünüzün imzası buraya atılacak.
Supervisor ¹² at the Receiving Organisation	Staj yapacağınız kurumdaki danışmanınız veya yetkilinin adı ve soyadını yazınız.	Staj yapacağınız kurumdaki danışmanınız veya yetkilinin e-posta adresini yazınız.	Staj yapacağınız kurumdaki danışmanınız veya yetkilinin kurum içindeki pozisyonunu yazınız.	Staj yapacağınız kurumdaki danışmanınız veya yetkilinin imzasını attığı tarih.	Staj yapacağınız kurumdaki danışmanınız veya yetkilinin imzası buraya atılacak.

During the Mobility

Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise

(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/Enterprise)	
Planned period of the mobility: from [month/year] till [month/year]	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship period:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	

After the Mobility

Table D - Traineeship Certificate by the Receiving Organisation/Enterprise	
Name of the trainee:	
Name of the Receiving Organisation/Enterprise:	
Sector of the Receiving Organisation/Enterprise:	
Address of the Receiving Organisation/Enterprise [street, city, country, phone, e-mail address], website:	
Start date and end date of traineeship: from [day/month/year] to [day/month/year]	
Traineeship title:	
Detailed programme of the traineeship period including tasks carried out by the trainee:	
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):	

Evaluation of the trainee:

Date:

Name and signature of the Supervisor at the Receiving Organisation/Enterprise:

- ¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.
- ² **Study cycle:** Short cycle (EQF level 5) / Bachelor or equivalent first cycle (EQF level 6) / Master or equivalent second cycle (EQF level 7) / Doctorate or equivalent third cycle (EQF level 8).
- ³ **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/international-standard-classification-of-education-isc-ed_en) available at http://ec.europa.eu/education/international-standard-classification-of-education-isc-ed_en should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the trainee by the sending institution.
- ⁴ **Erasmus code:** a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries.
- ⁵ **Contact person at the sending institution:** a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.
- ⁶ **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.
- ⁷ **Mentor:** the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.
- ⁸ **Level of language competence:** a description of the European Language Levels (CEFR) is available at: <https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>
- ⁹ **There are three different provisions for traineeships:**
1. Traineeships embedded in the curriculum (counting towards the degree);
 2. Voluntary traineeships (not obligatory for the degree);
 3. Traineeships for recent graduates.
- ¹⁰ **ECTS credits or equivalent:** in countries where the "ECTS" system it is not in place, in particular for institutions located in Partner Countries not participating in the Bologna process, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a web link to an explanation to the system should be added.
- ¹¹ **Responsible person at the sending institution:** this person is responsible for signing the Learning Agreement, amending it if needed and recognising the credits and associated learning outcomes on behalf of the responsible academic body as set out in the Learning Agreement. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.
- ¹² **Supervisor at the Receiving Organisation:** this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate. The name and email of the Supervisor must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.