



### Beneficiary organisation

Hochschule für Wirtschaft und Recht Berlin,  
Badensche Straße 52, 10825 Berlin  
ERASMUS-Code: D BERLIN06  
Country: Germany, Country-Code: DE

Department 1 ☒ Department.2 ☐ Department 3-5 ☐

Contact person: **Ms Monika Sakka**, coordination internship office  
phone: +49 (0)30 30877 - 1257  
Email: [monika.sakka@hwr-berlin.de](mailto:monika.sakka@hwr-berlin.de)  
[praxis.erasmus@hwr-berlin.de](mailto:praxis.erasmus@hwr-berlin.de)

## Higher EDUCATION: ERASMUS+ LEARNING AGREEMENT 1

### STUDENT MOBILITY FOR TRAINEESHIPS<sup>1</sup>

#### Academic Year 2025/2026

|                              |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>the student (trainee)</b> | Last Name(s)                                                                                                                                                                                             |                                                                                                                                                                                                                                                                         | Nationality <sup>2</sup>                                                                                                                                                                                                                                                                                                                                    |
|                              | First Name(s)                                                                                                                                                                                            |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |
|                              | Date of Birth                                                                                                                                                                                            |                                                                                                                                                                                                                                                                         | Field of education <sup>4</sup> /Subject Area Code                                                                                                                                                                                                                                                                                                          |
|                              | Level of education <sup>3</sup><br>Study Cycle<br><input type="checkbox"/> Bachelor<br>(1 <sup>st</sup> cycle (EQF level 6))<br><input type="checkbox"/> Master<br>(2 <sup>nd</sup> cycle (EQF level 7)) | Gender<br><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Undefined                                                                                                                                                    | 04 <u>Business, Administration and Law</u> , specified:<br><input type="checkbox"/> Economics<br><input type="checkbox"/> Business Administration/Intern.Management<br><input type="checkbox"/> Wirtschaftsrecht<br><input type="checkbox"/> Wirtschaftsinformatik<br><input type="checkbox"/> Wirtschaftsingenieurwesen<br><input type="checkbox"/> Others |
|                              | Study program:                                                                                                                                                                                           |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |
|                              | Phone                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |
|                              | E-mail                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |
|                              | Former Participation<br>in Erasmus Programme                                                                                                                                                             | <input type="checkbox"/> none <input type="checkbox"/> study <input type="checkbox"/> work placement<br><b>if yes, duration of ERASMUS+ period</b><br><b>month, that means days</b><br>(please check your Grant Agreement)<br>Study program _____ WS 20____ / SS 20____ |                                                                                                                                                                                                                                                                                                                                                             |

|                        |                                                           |                                                                                    |         |
|------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------|---------|
| Receiving Organisation | Name of the company/<br>institution                       |                                                                                    |         |
|                        | Address and website                                       |                                                                                    |         |
|                        | Department                                                |                                                                                    | Country |
|                        | Size of enterprise                                        | <input type="checkbox"/> < 250 employees   <input type="checkbox"/> >250 employees |         |
|                        | Contact person <sup>8</sup> – name/position/ e-mail/phone |                                                                                    |         |
|                        | Mentor <sup>9</sup> – name/position/e-mail/phone          |                                                                                    |         |

## Section to be completed BEFORE THE MOBILITY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Traineeship Programme at the Receiving Organisation/Enterprise</b>                                                                                                                                                                                                                                                                                                                                                                                    | <b>Planned period of the physical component</b><br>from [day/month/year] to [day/month/year]<br>If applicable, planned period of the virtual component:<br>from [day/month/year] to [day/month/year] |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Traineeship title:</b>                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Number of working hours per week:</b>                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Detailed programme of the traineeship period</b> (including the virtual component, if applicable)                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Traineeship in digital skills</b> (Please read No <sup>10</sup> p.5): Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Knowledge, skills and competences to be acquired by end of the traineeship</b> (expected learning outcome):                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Monitoring plan</b> (Please read No <sup>10.1</sup> p.5):<br>The <b>sending institution (HWR Berlin)</b> is in regular contact with the interns.<br>The <b>receiving institution</b> :            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Evaluation plan</b> (Please read No <sup>10.2</sup> p.5):                                                                                                                                         |
| <b>Language competence of the trainee</b><br>The level of language competence <sup>11</sup> in _____ [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 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> native speaker <input type="checkbox"/> |                                                                                                                                                                                                      |

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sending Institution (HWR Berlin)</b> | <p>The sending institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.</p> <p><b>The traineeship is:</b> (Please choose only one of the three options)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                         | <p><input type="checkbox"/> <b>embedded in the curriculum</b> and upon satisfactory completion of the traineeship, the institution undertakes to:</p> <ul style="list-style-type: none"> <li>Award 29 <input type="checkbox"/> / 25 <input type="checkbox"/> / 15 <input type="checkbox"/> ECTS credits (or equivalent)</li> <li>Give a grade based on: Traineeship certificate <input checked="" type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/></li> <li>Record the traineeship in the trainee's Transcript of Records.</li> <li>Record the traineeship in the trainee's Diploma Supplement (or equivalent).</li> <li>Record the traineeship in the trainee's Europass Mobility Document Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> </ul> |
|                                         | <p><input type="checkbox"/> <b>voluntary</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:</p> <ul style="list-style-type: none"> <li>Award ECTS credits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> <li>Give a grade: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> <li>Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> <li>Record the traineeship in the trainee's Diploma Supplement (or equivalent)</li> <li>Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> </ul>                                                          |
|                                         | <p><input type="checkbox"/> <b>carried out by a recent graduate</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:</p> <ul style="list-style-type: none"> <li>Award ECTS credits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> <li>Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></li> </ul>                                                                                                                                                                                                                                                                                                                                                              |

#### LIABILITY AND ACCIDENT INSURANCE FOR THE TRAINEE

|                            |                                                                                                                                                                                                                                                                                            |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sending institution</b> | <p><b>The beneficiary organisation will provide:</b></p> <p>an accident insurance to the trainee: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>a liability insurance to the trainee: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |
|                            | <p><b>In case of internships abroad we strongly advise to take out an additional insurance.</b></p>                                                                                                                                                                                        |

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Receiving Organisation</b>          | <p><b>The Receiving Organisation will provide:</b></p> <ul style="list-style-type: none"> <li>• <u>financial support to the trainee for his/her traineeship:</u> Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• If yes, amount in EUR/month:</li> <li>• <u>a contribution in kind for to the trainee for the traineeship:</u> Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• If yes, please specify:</li> <li>• <u>an accident insurance to the trainee:</u> Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• The accident insurance covers:             <ul style="list-style-type: none"> <li>- accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>- accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> </li> <li>• <u>a liability insurance to the trainee:</u> Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• <u>appropriate equipment and support to the trainee.</u></li> <li>• <u>Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the traineeship.</u></li> </ul>                                                                                                                                                                                                                                                                                                                        |
| <b>Commitment of the three Parties</b> | <p>By signing this document, the trainee, the beneficiary organisation and the receiving organisation confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. The trainee and receiving organisation 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.</p> <p><b>The trainee</b><br/>         Name: _____ E-mail: _____<br/>         _____ Date: _____<br/>         Trainee's signature</p> <p><b>Responsible person at the sending institution:</b><br/>         Name: Monika Sakka<br/>         Function: coordination internship office FB 1 <input checked="" type="checkbox"/> FB 2 <input type="checkbox"/> FB 3 – 5 <input type="checkbox"/><br/>         E-mail: <a href="mailto:praxis.erasmus@hwr-berlin.de">praxis.erasmus@hwr-berlin.de</a>;<br/> <a href="mailto:monika.sakka@hwr-berlin.de">monika.sakka@hwr-berlin.de</a><br/>         Phone: +49 (0)3030877 – 1257<br/>         _____ Date: _____<br/>         Responsible person's signature</p> <p><b>Responsible person in at receiving organisation/ (supervisor) <sup>16</sup>:</b><br/>         Name: _____ E-mail: _____<br/>         Function: _____ Phone: _____<br/>         _____ Date: _____<br/>         Responsible person's signature</p> |

<sup>1</sup> In case the mobility combines studies and traineeship, the mobility agreement for studies template should be used and adjusted to fit both activity types.

<sup>2</sup> Country to which the person belongs administratively and that issues the ID card and/or passport.

<sup>3</sup> **Level of education:** 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). EQF level codes 5 to 8 are equivalent to the ISCED levels 5 to 8.

<sup>4</sup> **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at [http://ec.europa.eu/education/tools/isced-f\\_en.htm](http://ec.europa.eu/education/tools/isced-f_en.htm) 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.

<sup>5</sup> In the case of outgoing mobility, the beneficiary organisation is the sending institution.

<sup>6</sup> **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 EU Member States and third countries associated to the programme.

<sup>7</sup> **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.

<sup>8</sup> **Contact person at the receiving organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.

<sup>9</sup> **Mentor:** the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the organisation (culture of the organisation, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.

<sup>10</sup> **Traineeship in digital skills:** any traineeship where trainees receive training and practice in at least one or more of the following activities: digital marketing (e.g. social media management, web analytics); digital graphical, mechanical or architectural design; development of apps, software, scripts, or websites; installation, maintenance and management of IT systems and networks; cybersecurity; data analytics, mining and visualisation; programming and training of robots and artificial intelligence applications. Generic customer support, order fulfilment, data entry or office tasks are not considered in this category.

<sup>10.1</sup> **Monitoring plan:** Please point out how the support and guidance during the traineeship will be realized (weekly meetings, briefings, contact with the supervisor,...)

<sup>10.2</sup> **Evaluation plan:** Which tools will ensure the success and quality during the traineeship (feedback meetings, discussions,...)

<sup>11</sup> **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>

<sup>12</sup> **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.

<sup>13</sup> **ECTS credits or equivalent:** in countries where the "ECTS" system it is not in place, "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.

<sup>14</sup> **Responsible person at the beneficiary organisation:** this person is responsible for signing the learning agreement, amending it if needed and if the beneficiary organisation is the sending institution, is responsible for 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.

<sup>15</sup> **Responsible person at the sending institution:** this person is responsible for signing the learning agreement, amending it if needed and if the beneficiary organisation is not the sending institution, is responsible for 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 responsible person at the beneficiary organisation.

<sup>16</sup> **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.