



OPETUSHALLITUS

AKKUNA – Ikkuna Venäjälle ja Suomeen

LEARNING AGREEMENT

1. LEARNER

Name of the Learner Date of birth Nationality	
Contact details	(address, post code, town/city, country, phone number, e-mail)
Contact person in case of an emergency	(name and contact details)
Qualification being prepared by the learner Study programme EQF level	Vocational Qualification in Landscape building (3 years qualification, 120 credits) 4
Stage of studies	(percentage of studies completed) %

2. HOME INSTITUTION

Home institution name address	
Main contact person	(name, address, phone number, fax, e-mail)
Teacher responsible for mobility period	(name, address, phone number, fax, e-mail) <i>contact once per week, learning diary</i>

3. HOSTING INSTITUTION

Receiving partner/ Employer: name address	
Main contact person	(name, address, phone number, fax, e-mail)

4. EXPECTING LEARNING OUTCOMES

Basic professional knowledge, skills and competences (before mobility period)	
Activities and tasks during mobility period	
Job-related skills and competences	

5. PRACTICAL DETAILS OF THE MOBILITY/WORK PLACEMENT PERIOD

Period of the placement	
Daily working hours Weekly working hours	from hours
Meals are provided by the employer	yes no
Work clothing	employer provides work clothing learner has his/her own work clothing
Accommodation	Hosting institution/Employer arranges accommodation x Learner arranges accommodation his/herself
Sector specific information	<ul style="list-style-type: none"> - hygienepass - fire and work safety card - EA - Criminal record
Salary	There do not will paid salary during the mobility period
Insurance during the mobility	Learner is insured by the home institution for liability and accidents. Insurance number and name of the insurance company Pohjola policy code 8705396/9 Free time insurance number and name of the company Learner has the European health insurance card

6. SIGNATURES

Student	
Date and place	Signature

Home institution	
<i>We confirm that the Learning Agreement is accepted</i>	
Date and place	Signature
	Name and position
Date and place	Signature
	Name and position

Receiving partner/employer	
<i>We confirm that the Learning Agreement is accepted</i>	
Date and place	Signature
	Name and position