

[First name(s)] [Last name(s)]

[Programme and activity type / Title – see guidance]

[DD/MM/YYYY – DD/MM/YYYY]

STATUS AT THE SENDING ORGANISATION (LEARNING PROGRAMME OR JOB TITLE)

Replace with text

HOST ORGANISATION(S)

Replace with text; list main host first

HOST COUNTRY AND CITY

Replace with text

HOST EMAIL / PHONE

Replace with email / phone

FIELD

Choose an item.

MODE

Choose an item.

Learning outcomes

[Section applicability: Pre-mobility and post-mobility: obligatory to choose between options A, B, C or a combination of them. Remove lines that are not needed.]

[OPTION A] EUROPEAN KEY COMPETENCE FRAMEWORK FOR LIFELONG LEARNING

LITERACY COMPETENCE

[See European key competence framework [online](#) for definitions and help; remove competence if not relevant]

MULTILINGUAL COMPETENCE

[See European key competence framework [online](#) for definitions and help; remove competence if not relevant]

MATHEMATICAL COMPETENCE AND COMPETENCE IN SCIENCE, TECHNOLOGY AND ENGINEERING

[See European key competence framework [online](#) for definitions and help; remove competence if not relevant]

DIGITAL COMPETENCE

[See European key competence framework [online](#) for definitions and help; remove competence if not relevant]

PERSONAL, SOCIAL, LEARNING TO LEARN COMPETENCE

[See European key competence framework [online](#) for definitions and help; remove competence if not relevant]

CITIZENSHIP COMPETENCE

[See European key competence framework [online](#) for definitions and help; remove competence if not relevant]

ENTREPRENEURSHIP COMPETENCE

[See European key competence framework [online](#) for definitions and help; remove competence if not relevant]

CULTURAL AWARENESS AND EXPRESSION COMPETENCE

[See European key competence framework [online](#) for definitions and help; remove competence if not relevant]

[OPTION B] EUROPEAN CLASSIFICATIONS OF SKILLS, COMPETENCES, AND OCCUPATIONS (ESCO)

LEARNING OUTCOME 1: [Title]

[Add up to three ESCO skills or knowledge concepts per learning outcome]

LEARNING OUTCOME 2: [Title]

[Add up to three ESCO skills or knowledge concepts per learning outcome]

LEARNING OUTCOME 3: [Title]

[Add up to three ESCO skills or knowledge concepts per learning outcome]

LEARNING OUTCOME 4: [Title]

[Add up to three ESCO skills or knowledge concepts per learning outcome]

LEARNING OUTCOME 5: [Title]

[Add up to three ESCO skills or knowledge concepts per learning outcome]

[OPTION C] ANOTHER COMPETENCE FRAMEWORK OF YOUR CHOICE

LEARNING OUTCOME 1: [Title]

[Concrete and concise description of the achieved learning outcome in form of statements about what the participant has learned, understood and is able to do following the completion of their mobility activity]

LEARNING OUTCOME 2: [Title]

[Concrete and concise description of the achieved learning outcome in form of statements about what the participant has learned, understood and is able to do following the completion of their mobility activity]

LEARNING OUTCOME 3: [Title]

[Concrete and concise description of the achieved learning outcome in form of statements about what the participant has learned, understood and is able to do following the completion of their mobility activity]

LEARNING OUTCOME 4: [Title]

[Concrete and concise description of the achieved learning outcome in form of statements about what the participant has learned, understood and is able to do following the completion of their mobility activity]

LEARNING OUTCOME 5: [Title]

[Concrete and concise description of the achieved learning outcome in form of statements about what the participant has learned, understood and is able to do following the completion of their mobility activity]

Record of completed courses

[Section applicability: Pre-mobility and post-mobility: optional]

TITLE OF THE COURSE	DURATION	LOCAL GRADE	TRANSFER GRADE	TRANSFER CREDIT POINTS
[include course number if available]				

THESIS / DISSERTATION / REPORT / ESSAY

Replace with text; remove item if not applicable

CERTIFICATE / DIPLOMA / DEGREE AWARDED

Replace with text; include the EQF/NQF levels if applicable; remove item if not applicable

DESCRIPTION OF GRADING / CREDIT SYSTEM APPLIED

Replace with text or include web link or attach a separate document

Activities and tasks

ACTIVITY / TASK 1

[Clear, concrete and concise description of an activity that the participant will attend, or of a task that they will complete]

ACTIVITY / TASK 2

[Clear, concrete and concise description of an activity that the participant will attend, or of a task that they will complete]

ACTIVITY / TASK 3

[Clear, concrete and concise description of an activity that the participant will attend, or of a task that they will complete]

Mentoring and monitoring arrangements

[Section applicability: Pre-mobility: obligatory; Post-mobility: optional]

MENTORING AND MONITORING ACTIVITY 1

[Brief description and timing / frequency]

MENTORING AND MONITORING ACTIVITY 2

[Brief description and timing / frequency]

MENTORING AND MONITORING ACTIVITY 3

[Brief description and timing / frequency]

Evaluation, recognition, and return to the sending organisation

[Section applicability: Pre-mobility: obligatory; Post-mobility: optional]

EVALUATION OF LEARNING OUTCOMES

EVALUATION FORMAT AND PROCEDURES

[Replace with text – see user guidelines for explanation]

EVALUATION CRITERIA

[Replace with text – see user guidelines for explanation]

RECOGNITION OF LEARNING OUTCOMES

[Replace with text – see user guidelines for explanation]

RETURN TO THE SENDING ORGANISATION

RETURN DESTINATION

[Replace with text – see user guidelines for explanation.]

RETURN CONDITIONS

[Replace with text – see user guidelines for explanation; remove if not applicable]

Additional provisions

[Section applicability: Pre-mobility: optional; Post-mobility: **not allowed**]

Contact information

[Section applicability: Pre-mobility: obligatory; Post-mobility: **not allowed]**

PARTICIPANT

FULL NAME	EMAIL	PHONE NUMBER
Replace with text	Replace with text	Replace with number

PARENTS / LEGAL GUARDIANS

PARENT / LEGAL GUARDIAN 1	EMAIL	PHONE NUMBER
Replace with text	Replace with text	Replace with number

PARENT / LEGAL GUARDIAN 2	EMAIL	PHONE NUMBER
Replace with text	Replace with text	Replace with number

RESPONSIBLE PERSONS AT THE SENDING ORGANISATION

MENTOR	JOB TITLE	EMAIL	PHONE NUMBER
Replace with text	Replace with text	Replace with text	Replace with number

ADMINISTRATIVE CONTACT	JOB TITLE	EMAIL	PHONE NUMBER
Replace with text	Replace with text	Replace with text	Replace with number

EMERGENCY CONTACT	JOB TITLE	EMAIL	PHONE NUMBER
Replace with text	Replace with text	Replace with text	Replace with number

RESPONSIBLE PERSONS AT THE HOST ORGANISATION

MENTOR	JOB TITLE	EMAIL	PHONE NUMBER
Replace with text	Replace with text	Replace with text	Replace with number

ADMINISTRATIVE CONTACT	JOB TITLE	EMAIL	PHONE NUMBER
Replace with text	Replace with text	Replace with text	Replace with number

EMERGENCY CONTACT	JOB TITLE	EMAIL	PHONE NUMBER
Replace with text	Replace with text	Replace with text	Replace with number

ACCOMPANYING PERSONS

ACCOMPANYING PERSON 1	JOB TITLE	EMAIL	PHONE NUMBER
Replace with text	Replace with text	Replace with text	Replace with number

PERIOD OF STAY	[DD/MM/YYYY] – [DD/MM/YYYY]
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ACCOMPANYING PERSON 2

Replace with text

PERIOD OF STAY

JOB TITLE

Replace with
text

[DD/MM/YYYY] – [DD/MM/YYYY]

EMAIL

Replace with
text

PHONE
NUMBER

Replace with
number

PARTICIPANT (HOLDER OF THE DOCUMENT)

FULL NAME

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

PARENT / LEGAL GUARDIAN 1

Replace with text; remove if not relevant

EMAIL AND PHONE NUMBER

Replace with text

PARENT / LEGAL GUARDIAN 2

Replace with text; remove if not relevant

EMAIL AND PHONE NUMBER

Replace with text

RESPONSIBLE PERSONS AT THE SENDING ORGANISATION

MENTOR

Replace with text

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

ADMINISTRATIVE CONTACT

Replace with text

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

EMERGENCY CONTACT

Replace with text

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

RESPONSIBLE PERSONS AT THE HOST ORGANISATION

MENTOR

Replace with text

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

ADMINISTRATIVE CONTACT

Replace with text

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

EMERGENCY CONTACT

Replace with text

JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

ACCOMPANYING PERSONS

ACCOMPANYING PERSON 1

Replace with text; remove section if not relevant

PERIOD OF STAY

FROM:

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TO:

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JOB TITLE

Replace with text

EMAIL AND PHONE NUMBER

Replace with text

[Signatures applicability:

Pre-mobility: signatures of sending organisation, hosting organisation, and participant (and parent/guardian for minors) are obligatory.

Post-mobility: signature of either sending organisation or hosting organisation is obligatory. Other signatures are optional.]

[This text is applicable only at post-mobility stage] The undersigned organisation(s) certify the validity and accuracy of the information contained in this document.

SENDING ORGANISATION

Replace with text

RESPONSIBLE PERSON

Replace with text

ADDRESS

Replace with text

DATE

____ | ____ | ____

SIGNATURE

HOSTING ORGANISATION

Replace with text

RESPONSIBLE PERSON

Replace with text

ADDRESS

Replace with text

DATE

____ | ____ | ____

SIGNATURE

PARTICIPANT

Replace with text

DATE

____ | ____ | ____

SIGNATURE

PARENT / LEGAL GUARDIAN

Replace with text

DATE

____ | ____ | ____

SIGNATURE
