

Higher Education Learning Agreement for Traineeships

Student's name
Academic Year 2017/2018

Student	Last name(s)		First name(s)		Neptun/ETR code	email address			
	Judit		Simon		IPHVD2	juditsimon21@gmail.com			
	Date of birth	Nationality ¹	Sex [M/F]	Study cycle (bachelor, master, doctorate) ²	Field of education ³ (ISCED code, degree programme)				
	1992.03.27	Hungarian	F	EQF 7	912				
Sending Institution	Name				Country code	Address, website			
	Semmelweis University – Faculty of Medicine				HU	1085 Budapest Őllői út 26 www.semmelweis.hu			
	Faculty/ Department		Contact person name ⁴		Contact person email; phone				
	Medicine		Katalin F. Tóth		erasmus@semmelweis-univ.hu				
Receiving Organization / Enterprise	Name		Size	Country code	Address, website				
	Hungarian Medical Association of America		☒ < 250 employees ☐ ≥ 250 employees	US	New York 14226 USA, Amherst, PO Box 421				
	Department		Contact person ⁵ name; position; email; phone			Mentor ⁶ name; position; email; phone			
			Rosette Forner, Administrative Assistant rosette.forner@rosweilpark.org			Dr. Laszlo Mechtler, Supervisor of Host Organization lmechtler@dentinstitute.com; (716) 250 2000			

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise	
Planned period of the mobility: from [day/month/year] 7/3/2018 to [day/month/year] 7/6/2018	
Traineeship title: Clinical Practices	Number of working hours per week: 40-42
Detailed programme of the traineeship: Absolvation of neurology, surgery and gynaecology-obstetrics.	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes): Developing physician-patient communication skills in English, enhancing diagnostic and therapy optimisation abilities.	
Monitoring plan: Supervision of the work will be monitored daily by a direct supervisor	
Evaluation plan: weekly and at the end of the rotations.	
The level of language competence ⁷ 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 ☐	

Table B - Sending Institution

Please use only one of the following three boxes:⁸

1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent) ⁹	Give a grade based on: Traineeship certificate ☐ Final report ☐ Interview ☐
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 ☐ No ☒	

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2. The traineeship is voluntary and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes ☐ No ☒	If yes, please indicate the number of credits:
Give a grade: Yes ☐ No ☒	If yes, please indicate if this will be based on: Traineeship certificate ☐ Final report ☐ Interview ☐
Record the traineeship in the trainee's Transcript of Records: Yes ☐ No ☐	
Record the traineeship in the trainee's Diploma Supplement (or equivalent):	
Record the traineeship in the trainee's Europass Mobility Document: Yes ☐ No ☐	

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 ☐ No ☐	If yes, please indicate the number of credits:
Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes ☐ No ☐	

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 ☐ No ☒	The accident insurance covers: - accidents during travels made for work purposes: Yes ☐ No ☒ - accidents on the way to work and back from work: Yes ☐ No ☒
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes ☐ No ☒	

Table C - Receiving Organisation/Enterprise

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes ☒ No ☐	If yes, amount (EUR/month): 400USD..
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes ☐ No ☒ If yes, please specify: ...	
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes ☐ No ☒	The accident insurance covers: - accidents during travels made for work purposes: Yes ☒ No ☐ - accidents on the way to work and back from work: Yes ☒ No ☐
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes ☒ No ☐	
The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.	
Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.	

Commitment

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 Campus Mundi grant agreement. The institution undertakes to respect all the principles of the international student mobility relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries)

Commitment	Name	Position	Date	Signature
Trainee	Judit Simon	Trainee	02.18. 2018	<i>Judit Simon</i>
Responsible person ¹⁰ at the Sending Institution	Dr. Miklós Molnár	Vice Dean of Faculty of Medicine	02/18	<i>[Signature]</i>
Supervisor ¹¹ at the Receiving Organisation	Dr. Laszlo Mechtler	Chief, Neuro-Oncology Roxwell Park Cancer Institute.	2/2/18	<i>[Signature]</i>



Donat Neurologic Institute
3980 Sheridan Drive, Suite 300
Amherst, NY 14226
Physician Signature: *[Signature]*

Laszlo Mechtler, MD