



# Mobility support documents



**ERASMUS+ STRATEGIC PARTNERSHIP FOR VET 2015-2017**





LOGO Sending organization

LOGO Partner organization



# Memorandum of Understanding<sup>1</sup>



## 1. Objectives of the Memorandum of Understanding

The Memorandum of Understanding forms the framework for cooperation between the competent institutions. It aims to establish mutual trust between the partners. In the Memorandum of Understanding it is explicitly stated that the partner organisations mutually accept their respective criteria and procedures for quality assurance, assessment, validation and recognition of knowledge, skills and competence for the purpose of transferring credit.

|  |   |
|--|---|
| Are other objectives agreed on? Please tick as appropriate | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes – these are: |
|--|---|

This Memorandum of Understanding is between .... competent institutions:

### Partners

A1, ....., Hosting and sending partners

**A 1**

Legal name:

Address:

Country and city:

B1, ....., Sending partners abroad

**B 1**

Legal name:

Address:

Country and city:

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LOGO Sending organization

LOGO Partner organization

## 2. Organisations signing the Memorandum of Understanding

A 1

|   |  |
|---|--|
| <b>PIC Code</b>                             |  |
| Country                                     |  |
| Organisation                                |  |
| Address                                     |  |
| Telephone/fax                               |  |
| E-mail                                      |  |
| Website                                     |  |
| Legal representative<br>(name and position) |  |
| Telephone                                   |  |
| E-mail                                      |  |
| Contact person<br>(name and position)       |  |
| Telephone                                   |  |
| E-mail                                      |  |

A 2 .....



LOGO Sending organization

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Organisation B 1

|   |  |
|---|--|
| <b>PIC</b>                                  |  |
| Country                                     |  |
| Organisation                                |  |
| Address                                     |  |
| Telephone/fax                               |  |
| E-mail                                      |  |
| Website                                     |  |
| Legal representative<br>(name and position) |  |
| Telephone                                   |  |
| E-mail                                      |  |
| Contact person<br>(name and position)       |  |
| Telephone                                   |  |
| E-mail                                      |  |

Organisation B 2 .....





LOGO Sending organization

LOGO Partner organization

### 3. Areas of cooperation

Describe what the partners have agreed to cooperate about.

#### Training programs included in this MoU between the partners

This MoU covers the educational programs that mutually are offered by all institutions. For every mobility flow the individual training program will be agreed upon from the fact of what is possible in a given period for the mobility following the procedure in this MoU.

#### General agreement on the relevant parts of the competence development during international training period

For every mobility flow the relevant competence development is to be presented to host partner either by:

- Preparation meetings at host/sending partner
- X Descriptions in Europass CV
- Described in the personal application from the participant
- X Described in the Learning Agreement
- Certificate Supplement
- Others.....

#### Responsibilities

|  | Host | Sending |
|--|------|---------|
| Providing the participant with all necessary documents to be signed abroad | X    | X       |
| Fully covering insurance during workplace, commuting and spare time        |      | X       |
| Health and travel insurance  |      | X       |
| Arrangement of accommodation for the training period abroad                | X    |         |
| Working clothes (gloves, goggles, scissors)                                |      | x       |
| Arranging travel to and from home and boarding destination abroad          |      | X       |



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|  |   |   |
|--|---|---|
| Documents that need to be signed before, during or after the period abroad |   | X |
| Costs of living  |   | X |
| Assessment schemes to be filled out and signed                             | X |   |
| Accompanying tutorship   |   | X |
| Finding suitable work placements and / or arranging school based training  | X |   |
| Ensure participation in lessons and training places for teachers           | X |   |





LOGO Sending organization

LOGO Partner organization

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## 4. Assessment, documentation, validation and recognition

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By signing this Memorandum of Understanding we confirm that we have discussed the procedures for **assessment, documentation, validation and recognition** and agree on how it is done. In each case it will be clearly defined in the Learning Agreement, how these areas will be dealt with and what documentation is used.

### Quality assurance

The host organisation will:

- Provide professional training places in the professional fields of the apprentices and sign documents e.g. learning agreement, learning outcome and training agreement as hosting partner organisation
- Arrange accommodation for the participant/s during their stay, if requested
- Provide information on important contact persons and costs of the stay to project coordinator abroad
- Provide guidance and support to the participants
- Monitor the work placements and ensure communication between all parties
- See to that documents e.g. Europasses are signed
- See to that assessment are done according to VITEA criteria

### Assessment

Assessment criteria was worked out and accepted by all VITEA partners during the previous VITEA meetings.

Assessment will be carried out by all partners involved in the training process.

### Validation and recognition

The sending institution will be in charge of the validation process.

The sending institution will confirm learning outcomes achieved by the learner during VITEA training.

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## 5. Validity of time of the Memorandum of Understanding

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The Memorandum of Understanding is valid until the end of VITEA Strategic Partnership Projects 30. September 2017.

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## 6. Evaluation and review process

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The partnership will be evaluated and reviewed by all partners during the project period.

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LOGO Sending organization

LOGO Partner organization

## 7. Signatures

| Organisation / country | Organisation / country |
|------------------------|------------------------|
|                        |                        |
| Name, function         | Name, function         |
|                        |                        |
| Place, date            | Place, date            |
|                        |                        |





# Learning Agreement

## For VP Learners

### Anonymous

|  |  |
|--|--|
| <b>1. Information about the participants</b> |  |
| Contact details of the home organisation     |  |
| Name of organisation                         |  |
| Address                                      |  |
| Telephone/fax                                |  |
| E-mail                                       |  |
| Website                                      |  |
| Contact person                               |  |
| Telephone/fax                                |  |
| E-mail                                       |  |
| Contact details of the host organisation     |  |
| Name of organisation                         |  |
| Address                                      |  |
| Telephone/fax                                |  |
| E-mail                                       |  |
| Website                                      |  |



|   |  |
|---|--|
| Tutor/mentor  | (text here)  |
| Telephone/fax   |  |
| E-mail  |  |
| Contact details of the learner  |  |
| Name  |  |
| Address   | (text here)  |
| Telephone/fax   | (text here)  |
| E-mail  | (text here)  |
| Date of birth   | (dd/mm/yyyy)   |
| Please tick   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Contact details of parents or legal guardian of the learner, if applicable  |  |
| Name  | (text here)  |
| Address   | (text here)  |
| Telephone   | (text here)  |
| E-mail  | (text here)  |
| If an intermediary organisation is involved, please provide contact details |  |
| Name of organisation  | (text here)  |
| Address   | (text here)  |
| Telephone/fax   | (text here)  |
| E-mail  | (text here)  |
| Website   | (text here)  |





|                |             |
|----------------|-------------|
| Contact person | (text here) |
| Telephone/fax  | (text here) |
| E-mail         | (text here) |



## 2. Duration of the learning period abroad

|                                   |        |
|-----------------------------------|--------|
| Start date of the training abroad |        |
| End date of the training abroad   |        |
| Length of time abroad             | 1 week |





**3. The qualification being taken by the learner - including information on the learner's progress (knowledge, skills and competence already acquired)**

|  |   |
|--|---|
| <p>Title of the qualification being taken by the learner (please also provide the title in the language of the partnership, if appropriate)</p>                                  | <p>Vine Pruning</p>   |
| <p>EQF level (if appropriate)</p>  | <p>3</p>  |
| <p>NQF level (if appropriate)</p>  |   |
| <p>Information on the learner's progress in relation to the learning pathway (Information to indicate acquired knowledge, skills, competence could be included in an annex )</p> | <p>Work as a responsible member of a vine pruner team<br/>           Perform the basic types of pruning (long, short, mixed pruning) on old vines following instructions<br/>           Work within safety standards and manage pruning equipment properly</p>  |
| <p>Enclosures in annex - please tick as appropriate</p>  | <p><input type="checkbox"/> Europass Certificate Supplement<br/> <input checked="" type="checkbox"/> Europass CV<br/> <input checked="" type="checkbox"/> Europass Mobility<br/> <input type="checkbox"/> Europass Language Passport<br/> <input type="checkbox"/> European Skills Passport<br/> <input type="checkbox"/> (Unit[s] of) learning outcomes already acquired by the learner<br/> <input type="checkbox"/> Other: (please specify here)</p> |



#### 4. Description of the learning outcomes to be achieved during mobility

|   |  |
|---|--|
| Title of unit(s)/groups of learning outcomes/parts of units to be acquired  | Vine pruner  |
| Number of ECVET points to be acquired while abroad  | 7  |
| Learning outcomes to be achieved  | <p>Perform the basic types of pruning (long, short, mixed pruning) on old vines following instructions</p> <p>Maintain the vine training system</p> <p>Work within safety standards and manage pruning equipment properly</p> <p>Work as a responsible member of a vine pruner team</p>  |
| Description of the learning activities (e.g. information on location(s) of learning, tasks to be completed and/or courses to be attended) | <p>-Theoretical learning activities in the classroom</p> <p>The participant will receive theoretical lessons based on:</p> <p>Vine pruning methodology</p> <p>Basic problems and anomalies related to vine pruning</p> <p>-Practical learning activities in the vineyard:</p> <p>Pruning vines</p>   |
| Enclosures in annex - please tick as appropriate  | <p><input checked="" type="checkbox"/> Description of unit(s)/groups of learning outcomes which are the focus of the mobility</p> <p><input checked="" type="checkbox"/> Description of the learning activities</p> <p><input type="checkbox"/> Individual's development plan when abroad</p> <p><input type="checkbox"/> Other: (please specify here)</p> |





## 5. Assessment and documentation

|   |  |
|---|--|
| Person(s) responsible for assessing the learner's performance | Name:  |
|   | Organisation, role: .....- Vine pruning teacher  |
| Assessment of learning outcomes                               | Date of assessment:  |
|   | Method: during working situation   |
| How and when will the assessment be recorded?                 |  |
| Please include  | <input checked="" type="checkbox"/> Detailed information about the assessment procedure (e.g. methods, criteria, assessment grid)<br><input type="checkbox"/> Template for documenting the acquired learning outcomes (such as the learner's transcript of record or Europass Mobility)<br><input type="checkbox"/> Individual's development plan when abroad<br><input type="checkbox"/> Other: (please specify here) |



| 6. Validation and recognition   |  |
|---|--|
| Person (s) responsible for validating the learning outcomes achieved abroad | Name: Sending partner  |
|   | Organisation, role:  |
| How will the validation process be carried out?                             | Validation is carried out in the framework of institutional sending countries. |
| Recording of validated achievements   | Date:  |
|   | Method:  |
| Person(s) responsible for recognising the learning outcomes achieved abroad | Name:  |
|   | Organisation, role: .....- Headmaster  |
| How will the recognition be conducted?                                      | Europass Mobility and VITEA certificate  |





## 7. Signatures

| Home organisation/country | Host organisation/country | Learner     |
|---------------------------|---------------------------|-------------|
|                           |                           |             |
| Name, role                | Name, role                | Name        |
|                           |                           |             |
| Place, date               | Place, date               | Place, date |
|                           |                           |             |

| If applicable: Intermediary organisation | If applicable: Parent or legal guardian |
|--|---|
|  |   |
| Name, role                               | Name, role                              |
|  |   |
| Place, date                              | Place, date                             |
|  |   |



## 8. Additional information





(text here)

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## 9. Annexes

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(text here)



# Learning Agreement for AVP Learners Anonymous

|  |  |
|--|--|
| <b>1. Information about the participants</b> |  |
| Contact details of the home organisation     |  |
| Name of organisation                         |  |
| Address                                      |  |
| Telephone/fax                                |  |
| E-mail                                       |  |
| Website                                      |  |
| Contact person                               |  |
| Telephone/fax                                |  |
| E-mail                                       |  |
| Contact details of the host organisation     |  |
| Name of organisation                         |  |
| Address                                      |  |
| Telephone/fax                                |  |
| E-mail                                       |  |
| Website                                      |  |



|               |             |
|---------------|-------------|
| Tutor/mentor  | (text here) |
| Telephone/fax |             |
| E-mail        |             |

Contact details of the learner

|               |  |
|---------------|--|
| Name          |  |
| Address       | (text here)  |
| Telephone/fax | (text here)  |
| E-mail        | (text here)  |
| Date of birth | (dd/mm/yyyy)   |
| Please tick   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |

Contact details of parents or legal guardian of the learner, if applicable

|           |             |
|-----------|-------------|
| Name      | (text here) |
| Address   | (text here) |
| Telephone | (text here) |
| E-mail    | (text here) |

If an intermediary organisation is involved, please provide contact details

|                      |             |
|----------------------|-------------|
| Name of organisation | (text here) |
| Address              | (text here) |
| Telephone/fax        | (text here) |
| E-mail               | (text here) |
| Website              | (text here) |





|                |             |
|----------------|-------------|
| Contact person | (text here) |
| Telephone/fax  | (text here) |
| E-mail         | (text here) |



## 2. Duration of the learning period abroad

|                                   |        |
|-----------------------------------|--------|
| Start date of the training abroad |        |
| End date of the training abroad   |        |
| Length of time abroad             | 1 week |



**3. The qualification being taken by the learner - including information on the learner's progress (knowledge, skills and competence already acquired)**

|  |   |
|--|---|
| <p>Title of the qualification being taken by the learner (please also provide the title in the language of the partnership, if appropriate)</p>                                  | <p>Advanced Vine Pruning</p>  |
| <p>EQF level (if appropriate)</p>  | <p>4</p>  |
| <p>NQF level (if appropriate)</p>  |   |
| <p>Information on the learner's progress in relation to the learning pathway (Information to indicate acquired knowledge, skills, competence could be included in an annex )</p> | <p>Organise and control pruning operations in different vineyard setting<br/> Check and guarantee vine pruning operations within safety standards<br/> Maintain pruning equipment<br/> Supervise teamwork and control the conformity to set standards</p>   |
| <p>Enclosures in annex - please tick as appropriate</p>  | <p><input type="checkbox"/> Europass Certificate Supplement<br/> <input checked="" type="checkbox"/> Europass CV<br/> <input checked="" type="checkbox"/> Europass Mobility<br/> <input type="checkbox"/> Europass Language Passport<br/> <input type="checkbox"/> European Skills Passport<br/> <input type="checkbox"/> (Unit[s] of) learning outcomes already acquired by the learner<br/> <input type="checkbox"/> Other: (please specify here)</p> |





| 4. Description of the learning outcomes to be achieved during mobility  |  |
|---|--|
| Title of unit(s)/groups of learning outcomes/parts of units to be acquired  | Advanced Vine pruner   |
| Number of ECVET points to be acquired while abroad  | 7  |
| Learning outcomes to be achieved  | <p>The vine pruning system has to be done in accordance with the instructions. Team productivity and work progress are underpinned by clear goals and precise communication.</p> <p>Safety rules and instructions are carried out in compliance with the pending regulations.</p> <p>The availability of all equipment and/or machinery are/is permanently checked and quality assured</p> |
| Description of the learning activities (e.g. information on location(s) of learning, tasks to be completed and/or courses to be attended) | <p>-Theoretical learning activities in the classroom:<br/>The participant will receive theoretical lessons based on:</p> <ul style="list-style-type: none"> <li>- Vine pruning methodology</li> <li>- Basic problems and anomalies related to vine pruning</li> </ul> <p>-Practical learning activities in the vineyard:<br/>- Pruning vines</p>   |
| Enclosures in annex - please tick as appropriate  | <p><input checked="" type="checkbox"/> Description of unit(s)/groups of learning outcomes which are the focus of the mobility</p> <p><input checked="" type="checkbox"/> Description of the learning activities</p> <p><input type="checkbox"/> Individual's development plan when abroad</p> <p><input type="checkbox"/> Other: (please specify here)</p>                                 |



| 5. Assessment and documentation                               |  |
|---|--|
| Person(s) responsible for assessing the learner's performance | Name: VITEA assessor /nationality  |
|   | Organisation, role: ..... - Vine pruning teacher   |
| Assessment of learning outcomes                               | Date of assessment:  |
|   | Method: during working situation   |
| How and when will the assessment be recorded?                 |  |
| Please include  | <input checked="" type="checkbox"/> Detailed information about the assessment procedure (e.g. methods, criteria, assessment grid)<br><input type="checkbox"/> Template for documenting the acquired learning outcomes (such as the learner's transcript of record or Europass Mobility)<br><input type="checkbox"/> Individual's development plan when abroad<br><input type="checkbox"/> Other: (please specify here) |



| 6. Validation and recognition   |  |
|---|--|
| Person (s) responsible for validating the learning outcomes achieved abroad | Name: Sending partner  |
|   | Organisation, role: .....- Vine pruning teachers                               |
| How will the validation process be carried out?                             | Validation is carried out in the framework of institutional sending countries. |
| Recording of validated achievements   | Date:  |
|   | Method:  |
| Person(s) responsible for recognising the learning outcomes achieved abroad | Name:  |
|   | Organisation, role: .....- Headmaster  |
| How will the recognition be conducted?                                      | Europass Mobility and VITEA certificate  |





| <b>7. Signatures</b>             |                                  |                    |
|----------------------------------|----------------------------------|--------------------|
| <b>Home organisation/country</b> | <b>Host organisation/country</b> | <b>Learner</b>     |
|                                  |                                  |                    |
| <b>Name, role</b>                | <b>Name, role</b>                | <b>Name</b>        |
|                                  |                                  |                    |
| <b>Place, date</b>               | <b>Place, date</b>               | <b>Place, date</b> |
|                                  |                                  |                    |

| <b>If applicable: Intermediary organisation</b> | <b>If applicable: Parent or legal guardian</b> |
|---|--|
|   |  |
| <b>Name, role</b>                               | <b>Name, role</b>                              |
|   |  |
| <b>Place, date</b>                              | <b>Place, date</b>                             |
|   |  |



## 8. Additional information



(text here)

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## 9. Annexes

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(text here)





## Mobility recognition documents



**ERASMUS+ STRATEGIC PARTNERSHIP FOR VET 2015-2017**



Curriculum Vitae

Replace with First name(s) Surname(s)

PERSONAL INFORMATION

Replace with First name(s) Surname(s)

[All CV headings are optional. Remove any empty headings.]



- Replace with house number, street name, city, postcode, country
- Replace with telephone number Replace with mobile number
- State e-mail address
- State personal website(s)
- Replace with type of IM service Replace with messaging account(s)

Sex Enter sex | Date of birth dd/mm/yyyy | Nationality Enter nationality/-ies

JOB APPLIED FOR  
POSITION  
PREFERRED JOB  
STUDIES APPLIED FOR  
PERSONAL STATEMENT

Replace with job applied for / position / preferred job / studies applied for / personal statement (delete non relevant headings in left column)

WORK EXPERIENCE

Replace with dates (from - to)

[Add separate entries for each experience. Start from the most recent.]

Replace with occupation or position held

Replace with employer's name and locality (if relevant, full address and website)

- Replace with main activities and responsibilities

Business or sector Replace with type of business or sector

EDUCATION AND TRAINING

Replace with dates (from - to)

[Add separate entries for each course. Start from the most recent.]

Replace with qualification awarded

Replace with EQF (or other) level if relevant

Replace with education or training organisation's name and locality (if relevant, country)

- Replace with a list of principal subjects covered or skills acquired

PERSONAL SKILLS

Mother tongue(s)

[Remove any headings left empty.]

Replace with mother tongue(s)

Other language(s)

|  | UNDERSTANDING |             | SPEAKING           |                   | WRITING     |
|--|---------------|-------------|--------------------|-------------------|-------------|
|  | Listening     | Reading     | Spoken interaction | Spoken production |             |
| Replace with language  | Enter level   | Enter level | Enter level        | Enter level       | Enter level |
| Replace with name of language certificate. Enter level if known. |               |             |                    |                   |             |
| Replace with language  | Enter level   | Enter level | Enter level        | Enter level       | Enter level |
| Replace with name of language certificate. Enter level if known. |               |             |                    |                   |             |

Levels: A1/A2: Basic user - B1/B2: Independent user - C1/C2 Proficient user  
Common European Framework of Reference for Languages

Curriculum Vitae Replace

Replace with First name(s) Surname(s)

**Communication skills** Replace with your communication skills. Specify in what context they were acquired. Example:  
 ▪ good communication skills gained through my experience as sales manager

**Organisational / managerial skills** Replace with your organisational / managerial skills. Specify in what context they were acquired.  
 Example:  
 ▪ leadership (currently responsible for a team of 10 people)

**Job-related skills** Replace with any job-related skills not listed elsewhere. Specify in what context they were acquired.  
 Example:  
 ▪ good command of quality control processes (currently responsible for quality audit)

**Digital competence**

| SELF-ASSESSMENT        |               |                  |             |                 |
|------------------------|---------------|------------------|-------------|-----------------|
| Information processing | Communication | Content creation | Safety      | Problem solving |
| Enter level            | Enter level   | Enter level      | Enter level | Enter level     |

Levels: Basic user - Independent user - Proficient user  
[Digital competences - Self-assessment grid](#)

Replace with name of ICT-certificate(s)

Replace with your other computer skills. Specify in what context they were acquired. Example:  
 ▪ good command of office suite (word processor, spread sheet, presentation software)  
 ▪ good command of photo editing software gained as an amateur photographer

**Other skills** Replace with other relevant skills not already mentioned. Specify in what context they were acquired.  
 Example:  
 ▪ carpentry

**Driving licence** Replace with driving licence category/-ies. Example:  
 B

**ADDITIONAL INFORMATION**

**Publications** Replace with relevant publications, presentations, projects, conferences, seminars, honours and awards, memberships, references. Remove headings not relevant in the left column.  
**Presentations** Example of publication:  
**Projects** ▪ How to write a successful CV, New Associated Publishers, London, 2002.  
**Conferences** Example of project:  
**Seminars** ▪ Devon new public library. Principal architect in charge of design, production, bidding and construction supervision (2008-2012).  
**Honours and awards**  
**Memberships**  
**References**  
**Citations**  
**Courses**  
**Certifications**



Curriculum Vitae

Replace with First name(s) Surname(s)

## ANNEXES

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Replace with list of documents annexed to your CV. Examples:

- copies of degrees and qualifications;
- testimonial of employment or work placement;
- publications or research.



### Titulaire du document

1 NOM(S)\* 2 PRÉNOM(S)\* 3 ADRESSE

4 DATE DE NAISSANCE 5 NATIONALITÉ

jj / mm / aaaa

### Document délivré par

6 NOM DE L'ORGANISATION \* 7 NUMÉRO DU DOCUMENT \* 8 DATE DE DÉLIVRANCE \*

jj / mm / aaaa

### Organisme d'envoi

9 NOM ET ADRESSE DE L'ÉTABLISSEMENT \* 10 TAMPON ET/OU SIGNATURE

11 NOM(S) ET PRÉNOM(S) DE LA PERSONNE DE REFERENCE / DU TUTEUR \* 12 TÉLÉPHONE

13 TITRE/FONCTION 14 COURRIEL

### Organisme d'accueil

15 NOM, TYPE ET ADRESSE \* 16 TAMPON ET/OU SIGNATURE

17 NOM(S) ET PRÉNOM(S) DE LA PERSONNE DE REFERENCE / DU TUTEUR \* 18 TÉLÉPHONE

19 TITRE/FONCTION 20 COURRIEL

\* Les rubriques signalées par un astérisque doivent être obligatoirement remplies.

Europass Mobilité est un document européen normalisé; il fournit un relevé détaillé du contenu et des résultats, exprimés en termes de compétences ou de résultats académiques, obtenus par une personne - quels que soient son âge, son niveau d'études ou sa situation professionnelle - au cours d'une période passée dans un autre pays européen (UE, AELE/EEE ou pays candidats) à des fins d'apprentissage.

## Description du parcours Mobilité

### 21 OBJECTIF DU PARCOURS MOBILITÉ \*

Suivre une formation pratique à l'étranger  
S'adapter aux conditions de travail dans différents environnements  
Améliorer sa mobilité professionnelle  
S'adapter aux différentes exigences de taille de la vigne selon le système de taille spécifique  
Acquérir une expérience de travail dans un environnement international  
Encourager une nouvelle façon de penser

### 22 ACTION D'ENSEIGNEMENT OU DE FORMATION AU COURS DE LAQUELLE LE PARCOURS A ÉTÉ EFFECTUÉ

### 23 PROGRAMME COMMUNAUTAIRE OU DE MOBILITÉ CONCERNÉ

DURÉE DU PARCOURS EUROPASS MOBILITÉ/ :

24 DE \* A \*

## Compétences acquises pendant le parcours Mobilité

### 26A ACTIVITÉS/TÂCHES EFFECTUÉES \*

Taille de vigne  
Utilisation d'outils et d'équipements de sécurité appropriés

### 27A COMPÉTENCES LIÉES A L'EMPLOI

À la fin du stage, le stagiaire a pu:

- Reconnaître l'état de la vigne
- Identifier les anomalies et les problèmes possibles
- Utiliser des outils et des équipements de sécurité appropriés

### 28A COMPÉTENCES LINGUISTIQUES

Communication en anglais avec les membres d'une équipe de taille de vigne.

### 29A COMPÉTENCES NUMÉRIQUES

### 30A COMPÉTENCES ORGANISATIONNELLES / MANAGÉRIALES

A la fin du stage, le stagiaire a pu organiser les tâches effectuées pendant le stage

### 31A COMPÉTENCES EN COMMUNICATION

Le stagiaire s'intègre bien dans l'équipe de taille de vigne

### 32A AUTRES COMPÉTENCES

33A DATE \*

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

34A SIGNATURE DE LA PERSONNE DE  
REFERENCE/DU TUTEUR \*

|  |
|--|
|  |
|--|

35A SIGNATURE DU TITULAIRE

|  |
|--|
|  |
|--|

\* Les rubriques signalées par un astérisque doivent être obligatoirement remplies.

## Relevé des cours suivis et notes / points / crédits obtenus

26B NUMÉRO D'INSCRIPTION DE L'ÉTUDIANT \*

| 27B<br>CODE DU<br>COURS (1) | 28B<br>INTITULÉ DU COURS * | 29B<br>DURÉE (2)* | 30B<br>NOTE<br>LOCALE (3)* | 31B<br>NOTE<br>ECTS/ECVET | 32B<br>CRÉDITS<br>ECTS/ECVET<br>(4) |
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Supprimer ou ajouter des lignes si nécessaire.

33B MÉMOIRE/RAPPORT /DISSERTATION

34B CERTIFICAT/DIPLÔME/TITRE OBTENU (le cas échéant)

35A NOM(S) ET PRÉNOM(S) DU TUTEUR/RESPONSABLE ADMINISTRATIF \*

36A SIGNATURE DU TITULAIRE

37A DATE DE VALIDATION \*

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38A NOM ET ADRESSE DE L'ÉTABLISSEMENT \*

34A TAMPON OU CACHET

\* Les rubriques signalées par un astérisque doivent être obligatoirement remplies.

<sup>1</sup> CODE DU COURS: voir le dossier d'information ECTS figurant sur le site Internet de l'établissement d'accueil.

<sup>2</sup> DURÉE DU COURS: Y = 1 année académique | 1S = 1 semestre | 2S = 2 semestres | 1T = 1 trimestre | 2T = 2 trimestres

<sup>3</sup> DESCRIPTION DU SYSTÈME DE NOTATION DE L'ÉTABLISSEMENT :

<sup>4</sup> ÉCHELLE DE NOTATION ECTS: 1 année académique = 60 crédits | 1 semestre = 30 crédits | 1 trimestre = 20 crédits





# Europass Mobility VP Learner Anonymous FR-EN

## Holder of the document

- 1 SURNAME(S) \*
  - 2 FIRST NAME(S) \*
  - 3 ADDRESS
  - 4 DATE OF BIRTH
  - 5 NATIONALITY
- jj / mm / aaaa

## Issuing organisation

- 6 NAME OF THE ORGANISATION \*
  - 7 DOCUMENT NUMBER \*
  - 8 ISSUING DATE \*
- jj / mm / aaaa

## Sending partner

- 9 NAME AND ADDRESS \*
- 10 STAMP AND/OR SIGNATURE
- 11 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR \*
- 12 TELEPHONE
- 13 TITLE/POSITION
- 14 E-MAIL

## Host partner

- 15 NAME AND ADDRESS \*
- 10 STAMP AND/OR SIGNATURE
- 17 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR \*
- 18 TELEPHONE
- 19 TITLE/POSITION
- 20 E-MAIL

\* Headings marked with an asterisk are mandatory

Europass Mobility is a standard European document, which records details of the contents and the results - in terms of skills and competences or of academic achievements - of a period that a person of whatever age, educational level and occupational status has spent in another European country (UE/EFTA/EEA and candidate countries) for learning purposes.

## Description of the mobility experience

### 21 OBJECTIVE OF THE MOBILITY EXPERIENCE \*

- To complete practical training abroad
- To adapt to work conditions in different environments
- To improve professional mobility
- To adapt to different requirements of vine pruning according to a specific pruning system
- To acquire work experience in an international environment
- To encourage a new way of thinking

### 22 EDUCATION OR TRAINING INITIATIVE IN THE COURSE OF WHICH THE MOBILITY EXPERIENCE WAS COMPLETED

### 23 COMMUNITY OR MOBILITY PROGRAMME INVOLVED

#### DURATION OF THE EUROPASS MOBILITY EXPERIENCE:

24 FROM \*

25 TO \*

## Skills acquired during the mobility experience

### 26A ACTIVITIES/TASKS CARRIED OUT \*

- Vine pruning
- Use of suitable tools and safety equipment

### 27A JOB-RELATED SKILLS

At the end of placement, the trainee was able to:

- Recognise the vine condition
- Identify possible anomalies and problems
- Use suitable tools and safety equipment

### 28A LANGUAGE SKILLS

Communication in English among the members of vine pruning team

### 29A COMPUTER SKILLS

### 30A ORGANISATIONAL / MANAGERIAL SKILLS

At the end of placement, the trainee was able to organise the tasks carried out during the placement

### 31A COMMUNICATION SKILLS

The trainee fits in well with the members of the vine pruning team.

### 32A OTHER SKILLS

33A DATE \*

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34A SIGNATURE OF THE REFERENCE PERSON/MENTOR \*

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35A SIGNATURE OF THE HOLDER

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\* Headings marked with an asterisk are mandatory.

Record of courses completed and individual grades / marks / credits obtained

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26B STUDENT MATRICULATION NUMBER \*

| 27B<br>COURSE UNIT<br>CODE (1) | 28B<br>TITLE OF THE<br>COURSE UNIT<br>* | 29B<br>DURATION<br>(2)* | 30B<br>LOCAL<br>GRADE<br>(3)* | 31B<br>ECTS/ECVET<br>GRADE | 32B<br>ECTS/ECVET<br>CREDITS<br>(4) |
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33B ESSAY/REPORT/DISSERTATION

34B CERTIFICATE/DIPLOMA/DEGREE AWARDED, if any

35B SURNAME(S) AND FIRST NAME(S) OF MENTOR/ADMINISTRATION OFFICER \*

36B SIGNATURE OF THE HOLDER

37B DATE OF VALIDATION \*

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38B NAME AND ADDRESS OF THE INSTITUTION \*

39B STAMP AND/OR SIGNATURE

\* Headings marked with an asterisk are mandatory.

<sup>1</sup> COURSE UNIT CODE: Refer to the ECTS information Package provided on the website of the host institution

<sup>2</sup> DURATION OF COURSE UNIT: Y = 1 full academic year | 1S = 1 semester | 2S = 2 semesters | 1T = 1 term/trimester | 2T = 2 terms/trimesters

<sup>3</sup> DESCRIPTION OF THE INSTITUTIONAL GRADING SYSTEM

<sup>4</sup> ECTS CREDITS: 1 full academic year = 60 credits | 1 semester = 30 credits | 1 term/trimester = 20 credits



## Titulaire du document

1 NOM(S)\* 2 PRÉNOM(S)\* 3 ADRESSE

4 DATE DE NAISSANCE 5 NATIONALITÉ

jj / mm / aaaa

## Document délivré par

6 NOM DE L'ORGANISATION \* 7 NUMÉRO DU DOCUMENT \* 8 DATE DE DÉLIVRANCE \*

jj / mm / aaaa

## Organisme d'envoi

9 NOM ET ADRESSE DE L'ÉTABLISSEMENT \* 10 TAMPON ET/OU SIGNATURE

11 NOM(S) ET PRÉNOM(S) DE LA PERSONNE DE REFERENCE / DU TUTEUR \*

12 TÉLÉPHONE

13 TITRE/FONCTION

14 COURRIEL

## Organisme d'accueil

15 NOM, TYPE ET ADRESSE \* 16 TAMPON ET/OU SIGNATURE

17 NOM(S) ET PRÉNOM(S) DE LA PERSONNE DE REFERENCE / DU TUTEUR \*

18 TÉLÉPHONE

19 TITRE/FONCTION

20 COURRIEL

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## Description du parcours Mobilité

### 21 OBJECTIF DU PARCOURS MOBILITÉ \*

Suivre une formation pratique à l'étranger  
S'adapter aux conditions de travail dans différents environnements  
Améliorer sa mobilité professionnelle  
S'adapter aux différentes exigences de taille de la vigne selon le système de taille spécifique  
Acquérir une expérience de travail dans un environnement international  
Encourager une nouvelle façon de penser

### 22 ACTION D'ENSEIGNEMENT OU DE FORMATION AU COURS DE LAQUELLE LE PARCOURS A ÉTÉ EFFECTUÉ

### 23 PROGRAMME COMMUNAUTAIRE OU DE MOBILITÉ CONCERNÉ

DURÉE DU PARCOURS EUROPASS MOBILITÉ :

### 24 DE \*

A \*

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## Compétences acquises pendant le parcours Mobilité

### 26A ACTIVITÉS/TÂCHES EFFECTUÉES \*

Taille de vigne  
Utilisation d'outils et d'équipements de sécurité appropriés

### 27A COMPÉTENCES LIÉES A L'EMPLOI

À la fin du stage, le stagiaire a pu:

- Reconnaître l'état de la vigne
- Identifier les anomalies et les problèmes possibles
- Utiliser des outils et des équipements de sécurité appropriés

### 28A COMPÉTENCES LINGUISTIQUES

Communication en anglais avec les membres d'une équipe de taille de vigne.

### 29A COMPÉTENCES NUMÉRIQUES

### 30A COMPÉTENCES ORGANISATIONNELLES / MANAGÉRIALES

A la fin du stage, le stagiaire a pu organiser les tâches effectuées pendant le stage et organiser le travail d'une équipe de taille de la vigne

31A **COMPETENCES EN COMMUNICATION**

Le stagiaire s'intègre bien dans l'équipe de taille de vigne

32A **AUTRES COMPÉTENCES**

33A **DATE \***

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34A **SIGNATURE DE LA PERSONNE DE  
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35A **SIGNATURE DU TITULAIRE**

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Relevé des cours suivis et notes / points / crédits obtenus

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26B NUMÉRO D'INSCRIPTION DE L'ÉTUDIANT \*

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34B CERTIFICAT/DIPLÔME/TITRE OBTENU (le cas échéant)

35A NOM(S) ET PRÉNOM(S) DU TUTEUR/RESPONSABLE ADMINISTRATIF \*

36A SIGNATURE DU TITULAIRE

37A DATE DE VALIDATION \*

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38A NOM ET ADRESSE DE L'ÉTABLISSEMENT \*

34A TAMPON OU CACHET

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<sup>3</sup> DESCRIPTION DU SYSTÈME DE NOTATION DE L'ÉTABLISSEMENT :

<sup>4</sup> ÉCHELLE DE NOTATION ECTS: 1 année académique = 60 crédits | 1 semestre = 30 crédits | 1 trimestre = 20 crédits





## Description of the mobility experience

### 21 OBJECTIVE OF THE MOBILITY EXPERIENCE \*

- To complete practical training abroad
- To adapt to work conditions in different environments
- To improve professional mobility
- To adapt to different requirements of vine pruning according to a specific pruning system
- To acquire work experience in an international environment
- To encourage a new way of thinking

### 22 EDUCATION OR TRAINING INITIATIVE IN THE COURSE OF WHICH THE MOBILITY EXPERIENCE WAS COMPLETED

### 23 COMMUNITY OR MOBILITY PROGRAMME INVOLVED

#### DURATION OF THE EUROPASS MOBILITY EXPERIENCE:

24 FROM \*

25 TO \*

## Skills acquired during the mobility experience

### 26A ACTIVITIES/TASKS CARRIED OUT \*

- Vine pruning
- Use of suitable tools and safety equipment

### 27A JOB-RELATED SKILLS

At the end of placement, the trainee was able to:

- Recognise the vine condition
- Identify possible anomalies and problems
- Use suitable tools and safety equipment

### 28A LANGUAGE SKILLS

Communication in English among the members of vine pruning team

### 29A COMPUTER SKILLS

### 30A ORGANISATIONAL / MANAGERIAL SKILLS

At the end of placement, the trainee was able to organise the tasks carried out during the placement and to organise the work of a vine pruning team

### 31A COMMUNICATION SKILLS

The trainee fits in well with the members of the vine pruning team.

### 32A OTHER SKILLS

33A DATE \*

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34A SIGNATURE OF THE REFERENCE PERSON/MENTOR \*

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35A SIGNATURE OF THE HOLDER

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\* Headings marked with an asterisk are mandatory.



# Europass Mobility

## Record of courses completed and individual grades / marks / credits obtained

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26B STUDENT MATRICULATION NUMBER \*

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33B ESSAY/REPORT/DISSERTATION

34B CERTIFICATE/DIPLOMA/DEGREE AWARDED, if any

35B SURNAME(S) AND FIRST NAME(S) OF MENTOR/ADMINISTRATION OFFICER \*

36B SIGNATURE OF THE HOLDER

37B DATE OF VALIDATION \*

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jj mm aa

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38B NAME AND ADDRESS OF THE INSTITUTION \*

39B STAMP AND/OR SIGNATURE

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<sup>3</sup> DESCRIPTION OF THE INSTITUTIONAL GRADING SYSTEM



<sup>4</sup> ECTS CREDITS: 1 full academic year = 60 credits | 1 semester = 30 credits | 1 term/trimester = 20 credits

## Project coordinator Anonymous FR- EN

### Titulaire du document

1 NOM(S)\* 2 PRÉNOM(S)\* 3 ADRESSE

4 DATE DE NAISSANCE 5 NATIONALITÉ

jj / mm / aaaa

### Document délivré par

6 NOM DE L'ORGANISATION \* 7 NUMÉRO DU DOCUMENT \* 8 DATE DE DÉLIVRANCE \*

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### Organisme d'envoi

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11 NOM(S) ET PRÉNOM(S) DE LA PERSONNE DE REFERENCE / DU TUTEUR \* 12 TÉLÉPHONE

13 TITRE/FONCTION 14 COURRIEL

**Coordonnateur général du projet**

### Organisme d'accueil

15 NOM, TYPE ET ADRESSE \* 16 TAMPON ET/OU SIGNATURE

17 NOM(S) ET PRÉNOM(S) DE LA PERSONNE DE REFERENCE / DU TUTEUR \* 18 TÉLÉPHONE

19 TITRE/FONCTION 20 COURRIEL

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## Description du parcours Mobilité

### 21 OBJECTIF DU PARCOURS MOBILITÉ \*

Coordonner la mobilité de tous les participants au projet  
Améliorer la mobilité professionnelle  
Acquérir une expérience de travail dans un environnement international  
Favoriser une nouvelle façon de penser

### 22 ACTION D'ENSEIGNEMENT OU DE FORMATION AU COURS DE LAQUELLE LE PARCOURS A ÉTÉ EFFECTUÉ

Coordination générale du projet

### 23 PROGRAMME COMMUNAUTAIRE OU DE MOBILITÉ CONCERNÉ

KA2 - partenariat stratégique pour l'enseignement et la formation professionnels

DURÉE DU PARCOURS EUROPASS MOBILITÉ :

24 DE \*

20 A \*

## Compétences acquises pendant le parcours Mobilité

### 26A ACTIVITÉS/TÂCHES EFFECTUÉES \*

Prendre soin de la communication avec les autres partenaires du projet et au sein de son établissement  
Traiter tous les documents nécessaires au niveau administratif et opérationnel.  
Planifier les activités du projet réalisées par tous les participants au projet.

### 27A COMPÉTENCES LIÉES A L'EMPLOI

À la fin du projet, le coordinateur du projet a été en mesure de:  
- Traiter la communication entre les partenaires du projet et les techniciens locaux  
- Faciliter et rendre la communication efficace entre les différents partenaires du projet  
- Gérer la documentation administrative et organisationnelle

### 28A COMPÉTENCES LINGUISTIQUES

Communication en anglais avec des partenaires de projets étrangers concernant les tâches liées à l'administration et à l'organisation des réunions de projet et à l'organisation globale du projet.

### 29A COMPÉTENCES NUMÉRIQUES

### 30A COMPÉTENCES ORGANISATIONNELLES / MANAGÉRIALES

Tout au long de la durée du projet, le coordinateur général a pu harmoniser les différents besoins et exigences des partenaires afin de trouver les meilleurs moyens de réaliser les objectifs du projet.

### 31A COMPÉTENCES EN COMMUNICATION

Le coordinateur général a été en mesure d'agir en tant que médiateur et d'interagir efficacement avec les autres partenaires à tous les niveaux au sein et à l'extérieur de l'organisation pour réaliser un échange efficace d'informations.

### 32A AUTRES COMPÉTENCES

33A DATE \*

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34A SIGNATURE DE LA PERSONNE DE  
REFERENCE/DU TUTEUR \*

35A SIGNATURE DU TITULAIRE



Relevé des cours suivis et notes / points / crédits obtenus

26B NUMÉRO D'INSCRIPTION DE L'ÉTUDIANT \*

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36A SIGNATURE DU TITULAIRE

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## Description of the mobility experience

### 21 OBJECTIVE OF THE MOBILITY EXPERIENCE \*

- To coordinate the mobility of all project participants
- To improve professional mobility
- To acquire work experience in an international environment
- To encourage a new way of thinking

### 22 EDUCATION OR TRAINING INITIATIVE IN THE COURSE OF WHICH THE MOBILITY EXPERIENCE WAS COMPLETED

General coordination of the project

### 23 COMMUNITY OR MOBILITY PROGRAMME INVOLVED

KA2 – strategic partnership for vocational education and training

#### DURATION OF THE EUROPASS MOBILITY EXPERIENCE:

24 FROM \*

25 TO \*

## Skills acquired during the mobility experience

### 26A ACTIVITIES/TASKS CARRIED OUT \*

- To take care of communication with other project partners and within his school
- To handle all documents needed at an administrative and operational level.
- To schedule the project activities carried out by all the project participants

### 27A JOB-RELATED SKILLS

At the end of the project, the general project coordinator was able to:

- Handle communication between visiting project partners and local technicians
- Facilitate and make communication effective between the different project partners
- - Manage administrative and organisational documentation

### 28A LANGUAGE SKILLS

Communication in English with foreign project partners concerning the tasks related to administration and the organisation of project meetings and to the global organisation of the project.

### 29A COMPUTER SKILLS

### 30A ORGANISATIONAL / MANAGERIAL SKILLS

During the entire project, the general coordinator was able to harmonise the various needs and requirements of the partners to find the best possible ways to realise the project objectives.

### 31A COMMUNICATION SKILLS

The general coordinator was able to act as a mediator and interact effectively with others at all levels within and outside the organisation to achieve effective exchange of information.

### 32A OTHER SKILLS



33A DATE \*

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34A SIGNATURE OF THE REFERENCE  
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35A SIGNATURE OF THE HOLDER

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\* Headings marked with an asterisk are mandatory.

## Record of courses completed and individual grades / marks / credits obtained

26B STUDENT MATRICULATION NUMBER \*

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35B SURNAME(S) AND FIRST NAME(S) OF MENTOR/ADMINISTRATION OFFICER \*

36B SIGNATURE OF THE HOLDER

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<sup>1</sup> COURSE UNIT CODE: Refer to the ECTS information Package provided on the website of the host institution

<sup>2</sup> DURATION OF COURSE UNIT: Y = 1 full academic year | 1S = 1 semester | 2S = 2 semesters | 1T = 1 term/trimester | 2T = 2 terms/trimesters

<sup>3</sup> DESCRIPTION OF THE INSTITUTIONAL GRADING SYSTEM

<sup>4</sup> ECTS CREDITS: 1 full academic year = 60 credits | 1 semester = 30 credits | 1 term/trimester = 20 credits

## Trainer Anonymous FR- EN

### Titulaire du document

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- |                     |               |           |
|---------------------|---------------|-----------|
| 1 NOM(S)*           | 2 PRÉNOM(S)*  | 3 ADRESSE |
| 4 DATE DE NAISSANCE | 5 NATIONALITÉ |           |
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### Document délivré par

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- |                           |                        |                        |
|---------------------------|------------------------|------------------------|
| 6 NOM DE L'ORGANISATION * | 7 NUMÉRO DU DOCUMENT * | 8 DATE DE DÉLIVRANCE * |
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### Organisme d'envoi

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|--|---------------------------|
| 9 NOM ET ADRESSE DE L'ÉTABLISSEMENT *                            | 10 TAMPON ET/OU SIGNATURE |
| 11 NOM(S) ET PRÉNOM(S) DE LA PERSONNE DE REFERENCE / DU TUTEUR * | 12 TÉLÉPHONE              |
| 13 TITRE/FONCTION<br>Coordonnateur du projet                     | 14 COURRIEL               |

### Organisme d'accueil

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|--|---------------------------|
| 15 NOM, TYPE ET ADRESSE *  | 16 TAMPON ET/OU SIGNATURE |
| 17 NOM(S) ET PRÉNOM(S) DE LA PERSONNE DE REFERENCE / DU TUTEUR * | 18 TÉLÉPHONE              |
| 19 TITRE/FONCTION  | 20 COURRIEL               |

\* Les rubriques signalées par un astérisque doivent être obligatoirement remplies.

Europass Mobilité est un document européen normalisé; il fournit un relevé détaillé du contenu et des résultats, exprimés en termes de compétences ou de résultats académiques, obtenus par une personne - quels que soient son âge, son niveau d'études ou sa situation professionnelle - au cours d'une période passée dans un autre pays européen (UE, AELE/EEE ou pays candidats) à des fins d'apprentissage.



## Description du parcours Mobilité

### 21 OBJECTIF DU PARCOURS MOBILITÉ \*

Améliorer la mobilité professionnelle  
Favoriser l'adaptabilité des stagiaires aux conditions de travail dans différents environnements  
Encourager une nouvelle façon de penser

### 22 ACTION D'ENSEIGNEMENT OU DE FORMATION AU COURS DE LAQUELLE LE PARCOURS A ÉTÉ EFFECTUÉ

### 23 PROGRAMME COMMUNAUTAIRE OU DE MOBILITÉ CONCERNÉ

DURÉE DU PARCOURS EUROPASS MOBILITÉ :

24 DE \*

20 A \*

## Compétences acquises pendant le parcours Mobilité

### 26A ACTIVITÉS/TÂCHES EFFECTUÉES \*

Élaborer la liste des connaissances, aptitudes et compétences des tailleurs de vigne aux niveaux 3 et 4 du CEC.  
Fournir une formation théorique et pratique lors des expériences de mobilité.  
Formuler et utiliser des grilles d'évaluation des tailleurs de vigne aux niveaux 3 et 4 du CEC.

### 27A COMPÉTENCES LIÉES A L'EMPLOI

Au cours du projet, le technicien a pu:

- Évaluer la compétence des tailleurs de vigne à tailler correctement et efficacement
- Travailler en équipe avec des techniciens étrangers

### 28A COMPÉTENCES LINGUISTIQUES

Communication en anglais avec d'autres techniciens et stagiaires

### 29A COMPÉTENCES NUMÉRIQUES

### 30A COMPÉTENCES ORGANISATIONNELLES / MANAGÉRIALES

Au cours du projet, le technicien a pu organiser la formation pratique et l'évaluation de stagiaires.

### 31A COMPÉTENCES EN COMMUNICATION

Au cours du projet, le technicien a pu utiliser le vocabulaire professionnel avec les membres du secteur viticole.

### 32A AUTRES COMPÉTENCES

### 33A DATE \*

jj mm aa

### 34A SIGNATURE DE LA PERSONNE DE REFERENCE/DU TUTEUR \*

### 35A SIGNATURE DU TITULAIRE

Relevé des cours suivis et notes / points / crédits obtenus

26B NUMÉRO D'INSCRIPTION DE L'ÉTUDIANT \*

| 27B<br>CODE DU COURS (1) | 28B<br>INTITULÉ DU COURS * | 29B<br>DURÉE (2)* | 30B<br>NOTE LOCALE (3)* | 31B<br>NOTE ECTS/ECVET | 32B<br>CRÉDITS ECTS/ECVET (4) |
|--------------------------|----------------------------|-------------------|-------------------------|------------------------|-------------------------------|
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Supprimer ou ajouter des lignes si nécessaire.

33B MÉMOIRE/RAPPORT /DISSERTATION

34B CERTIFICAT/DIPLÔME/TITRE OBTENU (le cas échéant)

35A NOM(S) ET PRÉNOM(S) DU TUTEUR/RESPONSABLE ADMINISTRATIF \*

36A SIGNATURE DU TITULAIRE

37A DATE DE VALIDATION \*

|    |    |    |
|----|----|----|
|    |    |    |
| jj | mm | aa |

38A NOM ET ADRESSE DE L'ÉTABLISSEMENT \*

34A TAMPON OU CACHET

\* Les rubriques signalées par un astérisque doivent être obligatoirement remplies.

<sup>1</sup> CODE DU COURS: voir le dossier d'information ECTS figurant sur le site Internet de l'établissement d'accueil.

<sup>2</sup> DURÉE DU COURS: Y = 1 année académique | 1S = 1 semestre | 2S = 2 semestres | 1T = 1 trimestre | 2T = 2 trimestres

<sup>3</sup> DESCRIPTION DU SYSTÈME DE NOTATION DE L'ÉTABLISSEMENT :

<sup>4</sup> ÉCHELLE DE NOTATION ECTS: 1 année académique = 60 crédits | 1 semestre = 30 crédits | 1 trimestre = 20 crédits

## Holder of the document

- 
- |                 |                   |           |
|-----------------|-------------------|-----------|
| 1 SURNAME(S) *  | 2 FIRST NAME(S) * | 3 ADDRESS |
| 4 DATE OF BIRTH | 5 NATIONALITY     |           |
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## Issuing organisation

- 
- |                              |                     |                  |
|------------------------------|---------------------|------------------|
| 6 NAME OF THE ORGANISATION * | 7 DOCUMENT NUMBER * | 8 ISSUING DATE * |
|------------------------------|---------------------|------------------|
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## Sending partner

- 
- |  |                           |
|--|---------------------------|
| 9 NAME AND ADDRESS *   | 10 STAMP AND/OR SIGNATURE |
| 11 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR * | 12 TELEPHONE              |
| 13 TITLE/POSITION<br>Coordonnateur du projet                 | 14 E-MAIL                 |

## Host partner

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- |  |                           |
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| 15 NAME AND ADDRESS *  | 10 STAMP AND/OR SIGNATURE |
| 17 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR * | 18 TELEPHONE              |
| 19 TITLE/POSITION  | 20 E-MAIL                 |

\* Headings marked with an asterisk are mandatory

Europass Mobility is a standard European document, which records details of the contents and the results - in terms of skills and competences or of academic achievements - of a period that a person of whatever age, educational level and occupational status has spent in another European country (UE/EFTA/EEA and candidate countries) for learning purposes.



## Description of the mobility experience

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### 21 OBJECTIVE OF THE MOBILITY EXPERIENCE \*

To improve professional mobility  
To favour adaptability of trainees to work conditions in different environments  
To encourage a new way of thinking

### 22 EDUCATION OR TRAINING INITIATIVE IN THE COURSE OF WHICH THE MOBILITY EXPERIENCE WAS COMPLETED

### 23 COMMUNITY OR MOBILITY PROGRAMME INVOLVED

#### DURATION OF THE EUROPASS MOBILITY EXPERIENCE

|           |                |         |                |
|-----------|----------------|---------|----------------|
| 24 FROM * | 05/03/2017     | 25 TO * | 11/03/2017     |
|           | jj / mm / aaaa |         | jj / mm / aaaa |

## Skills acquired during the mobility experience

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### 26A ACTIVITIES/TASKS CARRIED OUT \*

To devise the list of knowledge, skills and competences for vine pruners at EQF levels 3 and 4. To  
provide theoretical and practical training during the mobility experiences.  
To formulate and use assessment grids for vine pruners at EQF levels 3 and 4.

### 27A JOB-RELATED SKILLS

In the course of the project, the technician was able to:  
- Assess pruners' competence to prune correctly and effectively  
- Work in team with foreign technicians

### 28A LANGUAGE SKILLS

Communication in English with other technicians and trainees.

### 29A COMPUTER SKILLS

### 30A ORGANISATIONAL / MANAGERIAL SKILLS

In the course of the project, the technician was able to organise practical training and assessment of trainees.

### 31A COMMUNICATION SKILLS

In the course of the project, the technician was able to use professional vocabulary with the members of the vine growing sector.

### 32A OTHER SKILLS

33A DATE \*

|    |    |    |
|----|----|----|
|    |    |    |
| jj | mm | aa |

34A SIGNATURE OF THE REFERENCE  
PERSON/MENTOR \*

35A SIGNATURE OF THE HOLDER

\* Headings marked with an asterisk are mandatory.

Record of courses completed and individual grades / marks / credits obtained

26B STUDENT MATRICULATION NUMBER \*

| 27B<br>COURSE UNIT<br>CODE (1) | 28B<br>TITLE OF THE<br>COURSE UNIT<br>* | 29B<br>DURATION<br>(2)* | 30B<br>LOCAL<br>GRADE<br>(3)* | 31B<br>ECTS/ECVET<br>GRADE | 32B<br>ECTS/ECVET<br>CREDITS<br>(4) |
|--------------------------------|---|-------------------------|-------------------------------|----------------------------|-------------------------------------|
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Add or remove lines if required

33B ESSAY/REPORT/DISSERTATION

34B CERTIFICATE/DIPLOMA/DEGREE AWARDED, if any

35B SURNAME(S) AND FIRST NAME(S) OF MENTOR/ADMINISTRATION OFFICER \*

36B SIGNATURE OF THE HOLDER

37B DATE OF VALIDATION \*

|    |    |    |
|----|----|----|
|    |    |    |
| jj | mm | aa |

38B NAME AND ADDRESS OF THE INSTITUTION \*

39B STAMP AND/OR SIGNATURE

\* Headings marked with an asterisk are mandatory.

<sup>1</sup> COURSE UNIT CODE: Refer to the ECTS information Package provided on the website of the host institution

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<sup>3</sup> DESCRIPTION OF THE INSTITUTIONAL GRADING SYSTEM

<sup>4</sup> ECTS CREDITS: 1 full academic year = 60 credits | 1 semester = 30 credits | 1 term/trimester = 20 credits





Erasmus+



The managers of the European Erasmus+ project VITEA hereby certify that

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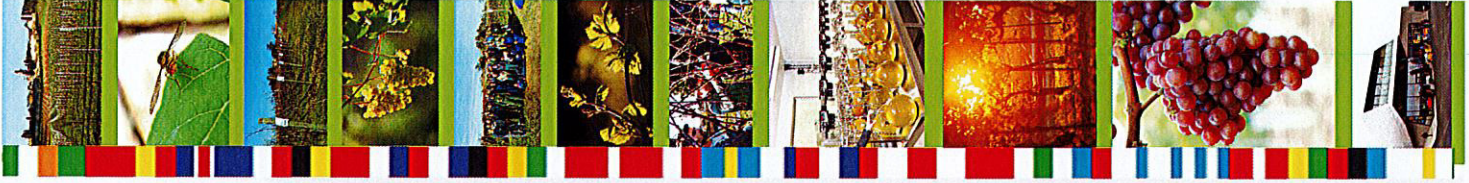
from

has participated in the international vine pruning training (a) dd-dd/mm/yyyy in ----- and if needed -----

on EQF level 3 as vine pruner

.....  
Host Headmaster  
.....  
Host Trainer, School

.....  
Sending Headmaster  
.....  
Sending Trainer, School



### Achieved competences

The participant succeeded in the assessment of the competences as follows

Yes No

- VP C1. Work as a responsible member of a vine pruning team, in different vineyard settings
- VP C2. Perform the basic types of pruning (long, short, mixed pruning) on old vines following instructions
- VP C3. Work within safety standards and handle pruning equipment properly

.....  
assessor





Erasmus+



The managers of the European Erasmus+ project VITEA hereby certify that

-----

from -----

has participated in the international vine pruning trainings  
dd/mm/yyyy in -----  
and if needed -----

on EQF level 4 as

*advanced vine pruner*

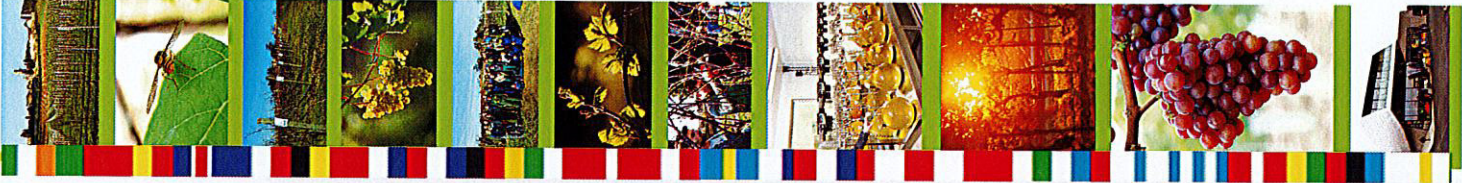
-----  
Host Headmaster

-----  
Sending Headmaster



-----  
Host Trainer, School

-----  
Sending Trainer, School



### Achieved competences

The participant succeeded in the assesement of the competences as follows

Yes No

- AVP C1. Organise and control pruning operations in different vineyard settings
- AVP C2. Check and guarantee vine pruning operations within safety standards
- AVP C3. Maintain pruning equipment
- AVP C4. Supervise teamwork and control the conformity to set standards

.....  
assessor