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Erasmus+ Programme
of the European Union



To: Trakia University – Stara Zagora
International Cooperation, Projects
and Mobility Department
Students Campus, Rectorat
Tel/Fax: +359 42/ 699 213
E-mail: intern@uni-sz.bg
6000 Stara Zagora, Bulgaria

CONFIRMATION LETTER

We Nikos Kyriakou Veterinary Clinic, Dr. Nikos Kyriakou

(Name of Organization)

confirm that we agree to accept Angeliki Piri

(Name of Student)

student from Trakia University – Stara Zagora, Faculty/College of Veterinary Medicine
to perform (to prolong) the Student traineeships in the academic 2020 – 2021 year
under the “ERASMUS+” program

at Nikos Kyriakou Veterinary Clinic,
Agias Fylaxeos 294D 3116 Limassol, Cyprus
nikoskyr_vet@hotmail.com
Tel. 00357 25 771277, Emergencies: 25 771277

(Location – name, address, E-mail, telephone, webpage)

For 2 months period / minimum 2 months /,

Starting from 05.07.2021 to 04.09.2021

All other terms and conditions etc. shall be specified in a separate contract on student traineeship.

Authorized person:

Dr. Nikos Kyriakou

(Name)

.....
/ signature and stamp /

Place/Date:

Limassol

25/05/2021

VETERINARY CLINIC
DR. NIKOS KYRIAKOU
294 D, Agias Fylaxeos

INTER-INSTITUTIONAL AGREEMENT

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To: Trakia University –Stara Zagora
International Cooperation, Projects
and Mobility's' Department
Students Campus, Rectorat
Tel/Fax: +359 42/ 699 213
E-mail: intern@uni-sz.bg
6000 Stara Zagora, Bulgaria

LETTER of INTENT

We Nikos Kyriakou Veterinary Clinic
(Name of Host Organization)

confirm that we agree to have **students** from Trakia University–Stara Zagora,

Faculty of Veterinary Medicine at our Veterinary Clinic Animal Health Veterinary
Clinic
(Name of the unit of Host Organization)

Agias Fylaxeos 294D 3116 Limassol, Cyprus
nikoskyr_vet@hotmail.com
Tel. 00357 25 771277, Emergencies: 0035725 771277
(Location – address, E-mail, telephone, webpage)

to perform Student traineeships in the academic 2020 – 2021 year(s)

under the “ERASMUS+” program for the period of minimum 2 months.

All other terms and conditions etc. shall be specified in a separate contract on student traineeship.

Authorized person:
Dr. Nikos Kyriakou
(Name)

VETERINARY CLINIC
DR. NIKOS KYRIAKOU
294 D, Agias Fylaxeos
3116, Limassol, 25 771277

/ Signature and stamp /

Place/Date: Limassol
25/05/2021



Higher Education Learning Agreement for Traineeships



Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Sex [M/F]	Study cycle ²	Field of education ³
	Piri	Angeliki	27/03/1997	Cypriot	F	EQF level 7	Veterinary medicine
Sending Institution	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Trakia University	Veterinary medicine	BG-STARA-Z01	6000 Stara Zagora Students campus Bulgaria	Bulgaria BG	Reneta Mitsova, International office intern@uni-sz.bg +359 42 699213	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact Person ⁶ Name; position; e-mail; phone	Mentor ⁷ name; position; e-mail; phone
	Dr. Nikos Kyriakou	Veterinary Clinic	Agias Fylaxeos 294D 3116, Limassol, Cyprus	Cyprus	<input type="checkbox"/> < 250 employees	Dr. Nikos Kyriakou Agias Fylaxeos 294D 3116 Limassol, Cyprus nikoskyr_vet@hotmail.com Tel. 00357 25 771277, Emergencies: 0035725 771277	Dr. Nikos Kyriakou Agias Fylaxeos 294D 3116 Limassol, Cyprus nikoskyr_vet@hotmail.com Tel. 00357 25 771277, Emergencies: 0035725 771277

Academic Year 2020 /2021

BEFORE THE MOBILITY

Table A - Traineeship Programme at the Receiving Organisation/Enterprise

Planned period of the mobility: from [month/year] 05.07.2021 to [month/year] 04.09.2021

Traineeship title: Clinical internship	Number of working hours per week: 40
<p>Detailed programme of the traineeship: Anaesthesiology Obstetrics; castrations Gynaecology and Andrology, ultrasonography of visceral organs Radiology; Dentistry; Parasitology ; Infectious diseases ;Prevention of diseases. (All of the above small animals) Physical examination in animals in critical situation, physical examination in a small animal Diagnostic methods and diagnosis ; Treatment methods ; Re-evaluation of patient ; General Surgery; Orthopaedics; Internal medicine, Caesarean section, physiology, nutrition, vaccinations</p>	
<p>Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes): The student will improve the knowledge about Internal diseases, Infectious diseases ,parasitology and surgery of domestic animals and methods of treatment; about most common methods of diagnostics. The student will have the ability to perform manual activities and to interpret laboratory test results and radiological images; as well as to perform standart procedures .</p>	
<p>Monitoring plan: The student will be monitored during the traineeship by the mentor of the traineeship .</p>	
<p>Evaluation plan: The student will have evaluation of the trainee based on her improvement in performing basic diagnostic steps, practice in different examinations , of treatment and surgical skills.</p>	

The level of language competence⁸ in GREEK [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 X**



Higher Education Learning Agreement for Traineeships



Table B - Sending Institution

Please use only one of the following three boxes:⁹

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

Award6.ECTS credits (or equivalent) ¹⁰	Give a grade based on: Traineeship certificate <input checked="" type="checkbox"/> Final report <input checked="" type="checkbox"/> Interview <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

Award ECTS credits (or equivalent): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: 20
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: ...
Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Table C - Receiving Organisation/Enterprise

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, amount (EUR/month):
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please specify: ...	
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> The students should have their own accident and health insurance before they come which is covered by the fellowship	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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.	

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 Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries).

Commitment	Name	Email	Position	Date	Signature
Trainee	Angeliki Piri	angelikiconstantinou2008@windowslive.com	Trainee	25/05/2021	
Responsible person ¹¹ at the Sending Institution	Prof. Dr Ivan Penchev	iv_p63@abv.bg	Faculty		
Supervisor ¹² at the Receiving Organisation	Dr. Nikos Kyriakou	nikoskyr_vet@hotmail.com	Veterinary doctor	25/05/2021	



Higher Education Learning Agreement for Traineeships



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DURING THE MOBILITY

<p>Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)</p> <p style="text-align: center;">Planned period of the mobility: from [month/year] till [month/year]</p>					
Traineeship title: ...			Number of working hours per week: ...		
Detailed programme of the traineeship period:					
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):					
Monitoring plan:					
Evaluation plan:					
Commitment	Name	Email	Position	Date	Signature
Trainee			<i>Trainee</i>		
Responsible person ¹³ at the Sending Institution					
Supervisor ¹⁴ at the Receiving Organisation					

AFTER THE MOBILITY

<p>Table D - Traineeship Certificate by the Receiving Organisation/Enterprise</p>
Name of the trainee:
Name of the Receiving Organisation/Enterprise:
Sector of the Receiving Organisation/Enterprise:
Address of the Receiving Organisation/Enterprise (street, city, country, phone, e-mail address), website:
Start date and end date of traineeship: from [day/month/year] to [day/month/year]
Traineeship title:



Higher Education Learning Agreement for Traineeships



Detailed programme of the traineeship period including tasks carried out by the trainee:
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):
Evaluation of the trainee:
Date:
Name and signature of the Supervisor at the Receiving Organisation/Enterprise:

¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² **Study cycle:** 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).

³ **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 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.

⁴ **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 Programme Countries.

⁵ **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.



Higher Education Learning Agreement for Traineeships



⁶ **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.

⁷ **Mentor:** the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.

⁸ **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>

⁹ **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.

¹⁰ **ECTS credits or equivalent:** in countries where the "ECTS" system it is not in place, in particular for institutions located in Partner Countries not participating in the Bologna process, "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.

¹¹ **Responsible person at the sending institution:** this person is responsible for signing the Learning Agreement, amending it if needed and 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.

¹² **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.

¹³ **Responsible person at the sending institution:** this person is responsible for signing the Learning Agreement, amending it if needed and 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.

¹⁴ **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.