**During the Mobility**

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|  | ***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) |
| **Planned period of the mobility: from [month/year] ……………. till [month/year] …………….** |
| **Traineeship title: …** | **Number of working hours per week: …** |
| **Detailed programme of the traineeship period:**Control the application of physical means, which cure, prevent, recover and adapt people affected by impairments, functional limitations, disabilities or changes in physical function and in the state of health, produced as a result of an injury, illness or other cause, also using such means in the fields of promotion, prevention, protection and recovery of health. |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)**:- Know and understand physiotherapeutic methods, procedures and actions, directed to the actual therapy to be applied in the clinic for reeducation or functional recovery, as well as the realization of activities aimed at the promotion and maintenance of the health.- Acquire appropriate clinical experience that provides intellectual skills and skills techniques and manuals; that facilitates the incorporation of ethical and professional values; and develop the ability to integrate the knowledge acquired; so that, at the end of the studies, students can apply them to specific clinical cases in the hospital environment and extrahospital, as well as actions in primary and community care.- Assess the functional status of the patient, considering the physical, psychological and social.- Diagnostic assessment of physiotherapy care according to the rules and instruments of validation recognized internationally.- Design the physiotherapy intervention plan according to criteria of adequacy, validity and efficiency.- Execute, direct and coordinate the physiotherapy intervention plan, using the own therapeutic tools and attending to the individuality of the user.- Evaluate the evolution of the results obtained with the treatment in relation to the marked objectives. |
| **Monitoring plan:**Evaluation of the tutor of practices through observation of a treatment that we perform on a specific patient.Preparation of a clinical history and a report after clinical practices. |
| **Evaluation plan:**🞎 very good; 🞎 good; 🞎satisfactory; 🞎 not sufficient |
| **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.** |
| **Commitment (if changes in names, to be informed)** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Trainee |  |  | *Trainee* |  |  |
| Responsible person[[1]](#endnote-2) at the Sending Institution |  |  |  Erasmus Tutor |  |  |
| Supervisor[[2]](#endnote-3) at the Receiving Organisation |  |  |  Physiotherapist |  |  |

1. **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. [↑](#endnote-ref-2)
2. **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. [↑](#endnote-ref-3)