



Erasmus+

University of Veterinary Medicine
Hannover

Learning Agreement form

Yaroslav Dunaev

LEARNING AGREEMENT FOR TRAINEESHIPS**The Trainee**

Last name (s)	Dunaev	First name (s)	Yaroslav
Date of birth	06.06.2003	Nationality ¹	Ukraine
Sex [M/F]	M	Academic year	2026/2027
Study cycle ²		Field of education ³	Veterinary Medicine
Phone	+491622711837	E-mail	dunaev2003mail@gmail.com

The Sending Institution

Name	State Biotechnological University	Faculty	Veterinary Medicine
Erasmus code ⁴ (if applicable)	-	Department	-
Address	Alchevskikh Street, 44, Kharkiv, Ukraine, 61002	Country	Ukraine
Contact person name ⁵	Olesia Tsymerman	Contact person E-mail / phone	deanofficefvm@gmail.com / +380664073221

The Receiving Organisation/Enterprise

Name	University of Veterinary Medicine Hannover	Department	Erasmus and International Office
Address, website	Bünteweg 2, 30559 Hannover https://www.tiho-hannover.de/	Country	Germany
Size of enterprise	<input type="checkbox"/> < 250 employees <input checked="" type="checkbox"/> > 250 employees		
Contact person ⁶ name / position	Dr. Christine Winter	Contact person e-mail / phone	Christine.winter@tiho-hannover.de Erasmus@tiho-hannover.de +495119538080

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) - for recent graduates, specify the latest study cycle.

³ The **ISCED-F 2013 search tool** 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.



Table A – Traineeship Programme at the Receiving Organisation/Enterprise

Planned period of the mobility: from [day/month/year] 05.01.2026 till [day/month/year]12.06.2026
Traineeship title: Study -Related Mandatory Internship
Number of working hours per week: 38,9
Detailed programme of the traineeship
<p>1- Pathologie Institute: 05.01.-08.02.2026 2- Klinik für Klautier: 09.02.-15.03.2026 3- Klinik für Rinder: 16.03.-19.04.2026 4- Klinik für Kleintiere: 20.04.-24.05.2026 5- Institut für Reproduktionsmedizin: 25.05.-12.06.2026</p> <p>The intern undertakes to comply with the institute/clinic regulations and accident prevention rules, to handle institutional property with care, and to protect the interests of the institute/clinic. He also undertakes to maintain confidentiality regarding all operational matters that become known. In the event of absence due to illness, the intern will notify the institute immediately.</p>
Traineeship in digital skills⁷: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship (expected Learning Outcomes)
The aim of the internship is to acquire knowledge and experience in practical training comparable to the practical training provided to veterinary medicine students at the University of Veterinary Medicine Hannover, in the above-mentioned clinics and institutes.
Monitoring plan
The TiHo, Institute/Clinic for Small Animal Pathology – Clinic for Cattle – Institute for Reproductive Medicine – Clinic for Cloven-Hoofed Animals, agrees to ensure the proper execution of the internship and to assign the intern, within the scope of her/his abilities, in such a way that she/he is provided with the intended knowledge and experience and will also monitor the student at the time of the internship.
Evaluation plan
TiHo will issue Mr./ Yaroslav Dunaev a certificate of his activities and performance after the completion of the internship

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

⁷ **Traineeship in digital skills⁷:** any traineeship where trainees receive training and practice in at least one or more of the following activities: digital marketing (e.g. social media management, web analytics); digital graphical, mechanical or architectural design; development of apps, software, scripts, or websites; installation, maintenance and management of IT systems and networks; cybersecurity; data analytics, mining and visualisation; programming and training of robots and artificial intelligence applications. Generic customer support, order fulfilment, data entry or office tasks are not considered in this category.



Language competence of the trainee

The level of language competence⁸ in German [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

Accident insurance will be provided by the trainee: Yes No

Liability insurance will be provided by the trainee: Yes No

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:

Award ...23 ECTS credits (or equivalent) ¹⁰	Give a grade based on: Traineeship certificate <input 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 type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: ...
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:

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:

- i. Traineeships embedded in the curriculum (counting towards the degree);
- ii. Voluntary traineeships (not obligatory for the degree);
- iii. 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 weblink to an explanation to the system should be added.



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Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: 23
Record the traineeship in the trainee's Europass Mobility Document (<i>highly recommended</i>): 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 type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input 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 accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input 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



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traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries).

Commitment	Name	Email	Position	Date	Signature
Trainee	Yaroslav Dunaev	dunaev2003mail@gmail.com	Student	17.12.25	
Responsible person ¹¹ at the Sending Institution	Olesia Tsymerman	deanofficevm@gmail.com	Dean of faculty of veterinary medicine	12/12/25	
Supervisor ¹² at the Receiving Organisation	Dr. Christine Winter	Christine.winter@tho-hannover.de	Erasmus Coordinator	17.12.25	



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.

