



### 1. Information about the participants

#### Contact details of the home organisation

Name of organisation	Kuldīgas Tehnoloģiju un tūrisma tehnikums
Address	Liepājas iela 31, Kuldīga, Latvija
Telephone/fax	[REDACTED]
E-mail	kuldigasttt@pcabc.lv
Website	<a href="http://www.kuldigastehnikums.lv/">http://www.kuldigastehnikums.lv/</a>
Contact person	[REDACTED]
Telephone/fax	[REDACTED]
E-mail	[REDACTED]

#### Contact details of the host organisation

Name of organisation	Lumbye Biler
Address	Ndr Ringvej 1 - 3, DK-4800 Nykøbing F.
Telephone/fax	[REDACTED]
E-mail	nykobingf@skoda.dk
Website	<a href="http://www.lumbye-lf.dk">www.lumbye-lf.dk</a>
Contact person	[REDACTED]
Tutor/mentor	[REDACTED]
Telephone/fax	[REDACTED]
E-mail	[REDACTED]

Contact details of the learner

Name	[REDACTED]
Address	[REDACTED]
Telephone/fax	[REDACTED]
E-mail	[REDACTED]
Date of birth	[REDACTED]
Please tick	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

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

Name	
Address	
Telephone	
E-mail	

If an intermediary organisation is involved, please provide contact details

Name of organisation	CELF
Address	Kringelborg Allé 7, DK-4800 Nykøbing F.
Telephone/fax	[REDACTED]
E-mail	celf@celf.dk
Website	www.celf.dk
Contact person	[REDACTED]
Telephone/fax	[REDACTED]
E-mail	[REDACTED]

## 2. Duration of the learning period abroad

Start date of the training abroad	08/02/2015
End date of the training abroad	28/02/2015
Length of time abroad	3 weeks

**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>CAR MECHANIC</p>
<p>EQF level (if appropriate)</p>	<p>4</p>
<p>NQF level (if appropriate)</p>	<p>4</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>Enclosures in annex - please tick as appropriate</p>	<p> <input type="checkbox"/> Europass Certificate Supplement  <input type="checkbox"/> Europass CV  <input checked="" type="checkbox"/> Europass Mobility  <input type="checkbox"/> Europass Language Passport  <input type="checkbox"/> European Skills Passport  <input checked="" type="checkbox"/> (Unit[s] of) learning outcomes already acquired by the learner  <input type="checkbox"/> Other: (please specify)         </p>

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

<p>Title of unit(s)/groups of learning outcomes/parts of units to be acquired</p>	<p>Unit Nr.1 - Car Mechanic (Vehicle stability management systems and wheel alignment)          Unit Nr.2 - Internationalization and Project Management          Unit Nr.3 - Entrepreneurship</p>
<p>Number of ECVET points to be acquired while abroad</p>	<p>Please specify (if appropriate)</p>
<p>Learning outcomes to be achieved</p>	<p>See the annexed Units of Learning Outcome</p>
<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>	<p>See the annexed Units of Learning Outcome</p>
<p>Enclosures in annex - please tick as appropriate</p>	<p><input checked="" type="checkbox"/> Description of unit(s)/groups of learning outcomes which are the focus of the mobility  <input type="checkbox"/> Description of the learning activities  <input type="checkbox"/> Individual's development plan when abroad  <input type="checkbox"/> Other: (please specify)</p>





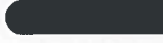

## 5. Assessment and documentation



Person(s) responsible for assessing the learner's performance	Name: [REDACTED] (Host) and [REDACTED] (Intermediary) Organisation, role: Host and intermediary organisation
Assessment of learning outcomes	Date of assessment: 27/02/2015 Method: Evaluation form
How and when will the assessment be recorded?	Written (Evaluation form)
Please include	<input checked="" type="checkbox"/> Detailed information about the assessment procedure (e.g. methods, criteria, assessment grid) <input checked="" type="checkbox"/> Template for documenting the acquired learning outcomes (such as the learner's transcript of record or Europass Mobility) <input type="checkbox"/> Individual's development plan when abroad <input type="checkbox"/> Other: (please specify)

## 6. Validation and recognition

Person (s) responsible for validating the learning outcomes achieved abroad	Name [REDACTED]
	Organisation, role: Home organisation
How will the validation process be carried out?	Interview/talk with the student based on the evaluation from the host and intermediary organization and the student log/report
Recording of validated achievements	Date: (dd/mm/yyyy)
	Method: Mobility Pass
Person(s) responsible for recognising the learning outcomes achieved abroad	Name [REDACTED]
	Organisation, role: Home organisation
How will the recognition be conducted?	Mobility Pass

## 7. Signatures

Home organisation/country	Host organisation/country	Learner
		
Name, role	Name, role	Name
 Project Coordinator	 Foreman	
Place, date	Place, date	Place, date
Kuldīgas, 03/02/2015	Nykøbing Falster, 04/02/2015	Kuldīgas, 03 /02/2015

If applicable: Intermediary organisation	If applicable: Parent or legal guardian
 <small>001-4788-2000 Fax: 34-000-222 mail: cel@cel.dk</small>	
Name, role	Name, role
 Project Coordinator	
Place, date	Place, date
Nykøbing Falster, 04/02/2015	