**Memorandum of Understanding**

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| **‘File code’ of the Memorandum of Understanding (optional)** | |
| Remove if not necessary | |
| 1. **Objectives of the Memorandum of Understanding** | |
| The Memorandum of Understanding**[[1]](#footnote-2)** (MoU) forms the framework for cooperation between the competent institutions. It aims to establish mutual trust between the partners. In this Memorandum of Understanding 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 | ☐No  ☐Yes – these are: insert information |

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| 1. **Organisations signing the Memorandum of Understanding** | |
| Organisation 1 | |
| Country |  |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person | Name |
| Position |
| Telephone/fax |  |
| E-mail |  |
| Organisation 2 | |
| Country |  |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person | Name |
| Position |
| Telephone/fax |  |
| E-mail |  |

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| Organisation 3(remove table if not necessary) | |
| Country |  |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person | Name |
| Position |
| Telephone/fax |  |
| E-mail |  |
| Organisation 4 (remove table if not necessary) | |
| Country |  |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person | Name |
| Position |
| Telephone/fax |  |
| E-mail |  |

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| Organisation 5(remove table if not necessary) | |
| Country |  |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person | Name |
| Position |
| Telephone/fax |  |
| E-mail |  |
| Organisation 6 (remove table if not necessary) | |
| Country |  |
| Name of organisation |  |
| Address |  |
| Telephone/fax |  |
| E-mail |  |
| Website |  |
| Contact person | Name |
| Position |
| Telephone/fax |  |
| E-mail |  |

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| 1. **Other organisations covered by this Memorandum of Understanding (if appropriate)** |
| Explanatory note:  For MoUs established within a broader context (such as agreements set up by sector based organisations, chambers, regional or national authorities) a list of organisations (VET providers, companies, etc.) who are able to operate in the framework of the MoU can be added. This list can consist of their names or it can refer to the type of VET providers. The list can be included as an annex. |
| insert information here or remove if not necessary |

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| 1. **The qualification(s) covered by this Memorandum of Understanding** | |
| Qualification 1 | |
| Country |  |
| Title of qualification |  |
| EQF level (if appropriate) |  |
| NQF level (if appropriate) |  |
| Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable) |  |
| Enclosures in annex - please tick as appropriate | ☐Europass Certificate Supplement  ☐The learning outcomes associated with the qualification  ☐Description of the unit(s) of learning outcomes for the mobility  ☐Other: please specify |
| Qualification 2 | |
| Country |  |
| Title of qualification |  |
| EQF level (if appropriate) |  |
| NQF level (if appropriate) |  |
| Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable) |  |
| Enclosures in annex - please tick as appropriate | ☐Europass Certificate Supplement  ☐The learning outcomes associated with the qualification  ☐Description of the unit(s) of learning outcomes for the mobility  ☐Other: please specify |

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| Qualification 3 (remove table if not necessary) | |
| Country |  |
| Title of qualification |  |
| EQF level (if appropriate) |  |
| NQF level (if appropriate) |  |
| Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable) |  |
| Enclosures in annex - please tick as appropriate | ☐Europass Certificate Supplement  ☐The learning outcomes associated with the qualification  ☐Description of the unit(s) of learning outcomes for the mobility  ☐Other: please specify |
| Qualification 4 (remove table if not necessary) | |
| Country |  |
| Title of qualification |  |
| EQF level (if appropriate) |  |
| NQF level (if appropriate) |  |
| Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable) |  |
| Enclosures in annex - please tick as appropriate | ☐Europass Certificate Supplement  ☐The learning outcomes associated with the qualification  ☐Description of the unit(s) of learning outcomes for the mobility  ☐Other: please specify |

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| Qualification 5 (remove table if not necessary) | |
| Country |  |
| Title of qualification |  |
| EQF level (if appropriate) |  |
| NQF level (if appropriate) |  |
| Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable) |  |
| Enclosures in annex - please tick as appropriate | ☐Europass Certificate Supplement  ☐The learning outcomes associated with the qualification  ☐Description of the unit(s) of learning outcomes for the mobility  ☐Other: please specify |
| Qualification 6 (remove table if not necessary) | |
| Country |  |
| Title of qualification |  |
| EQF level (if appropriate) |  |
| NQF level (if appropriate) |  |
| Unit(s) of learning outcomes for the mobility phases (refer to enclosure in the annex, if applicable) |  |
| Enclosures in annex - please tick as appropriate | ☐Europass Certificate Supplement  ☐The learning outcomes associated with the qualification  ☐Description of the unit(s) of learning outcomes for the mobility  ☐Other: please specify |

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| 1. **Assessment, documentation, validation and recognition** |
| 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. |
| 1. **Validity of this Memorandum of Understanding** |
| This Memorandum of Understanding is valid until: insert information |
| 1. **Evaluation and review process** |
| The work of the partnership will be evaluated and reviewed by: dd/mm/yyyy, person(s)/organisation(s) |

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| 1. **Signatures** | |
| **Organisation / country** | **Organisation / country** |
|  |  |
| Name, role | Name, role |
|  |  |
| Place, date | Place, date |
|  |  |

|  |  |
| --- | --- |
| **Organisation / country**(remove if not necessary) | **Organisation / country**(remove if not necessary) |
|  |  |
| Name, role | Name, role |
|  |  |
| Place, date | Place, date |
|  |  |

|  |  |
| --- | --- |
| **Organisation / country**(remove if not necessary) | **Organisation / country**(remove if not necessary) |
|  |  |
| Name, role | Name, role |
|  |  |
| Place, date | Place, date |
|  |  |

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| 1. **Additional information** |

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| 1. **Annexes** |

1. *For more information and guidance on the establishment of a MoU please refer to the ECVET User’s Guide: ‘Using ECVET for geographical mobility (2012) - Part II of the ECVET Users’ Guide - Revised version – including key points for quality assurance’ – available at:* [*http://www.ecvet-projects.eu/Documents/ECVET\_Mobility\_Web.pdf*](http://www.ecvet-projects.eu/Documents/ECVET_Mobility_Web.pdf) [↑](#footnote-ref-2)