

REPUBBLICA ITALIANA
REGIONE SICILIANA



COMUNE DI SAN FRATELLO

Città Metropolitana di Messina

Deliberazione della Giunta Municipale

N. 128 del 11/08/2017

OGGETTO: APPROVAZIONE SCHEMA DI PROTOCOLLO D'INTESA TRA L'ISTITUTO EMANUEL-STEFAN MARINESCU (ROMANIA) E IL COMUNE DI SAN FRATELLO PER L'ATTUAZIONE DEL PROGETTO ERASMUS +.

L'anno duemiladiciassette il giorno UNDICI del mese di AGOSTO alle ore 10:50 nella sala delle adunanze del Comune di San Fratello a seguito di convocazione dei signori assessori, si è riunita la Giunta Municipale.

Sono presenti i Signori:

		<i>Presenti</i>	<i>Assenti</i>
<i>Fulia dr. Francesco</i>	<i>Sindaco - Presidente</i>	X	
<i>Carroccetto Dott. Ciro</i>	<i>Assessore ViceSindaco</i>		X
<i>Salanitro Avv. Luigi</i>	<i>Assessore</i>		X
<i>Baldanza Sig.na Alessandra</i>	<i>Assessore</i>	X	
<i>Foti Sig. Benedetto</i>	<i>Assessore</i>	X	

Presiede Il Sindaco -

Partecipa il Segretario Comunale DOTT. GIUSEPPINA MARIA CAPRARERI

Il Presidente constatato che il numero dei presenti è legale, dichiara aperta la seduta ed invita i convenuti a deliberare in merito alla proposta di deliberazione di cui all'oggetto.

Proposta di deliberazione da sottoporre alla Giunta Municipale.
n. 139 del 11.07.2017 Registro Generale

OGGETTO: APPROVAZIONE SCHEMA DI PROTOCOLLO D'INTESA TRA IL COMUNE DI SAN FRATELLO E L'ISTITUTO EMANUEL-STEFAN MARINESCU (ROMANIA) PER L'ATTUAZIONE DEL PROGETTO ERASMUS +.

Premesso che il Regolamento (UE) n. 1288/2013 del Parlamento e del Consiglio europeo dell'11 dicembre 2013 istituisce "Erasmus+": il programma dell'Unione per l'istruzione, la formazione, la gioventù e lo sport;

Che l'obiettivo generale del programma è contribuire al conseguimento degli obiettivi stabiliti dalla *strategia Europa 2020* in materia di istruzione, nonché al conseguimento degli obiettivi del *quadro strategico per la cooperazione europea nell'istruzione e nella formazione*;

Che il progetto Erasmus dà la possibilità ad uno studente europeo di studiare in un paese straniero o effettuare un tirocinio in un paese dell'Unione per un periodo che va dai 3 ai 12 mesi;

Rilevato che il progetto ERASMUS + costituisce un elemento qualificante del processo formativo ed una positiva occasione di raccordo tra gli alunni, le Istituzioni, il territorio e il mondo del lavoro;

Dato atto che l'Amministrazione Comunale ha manifestato la propria disponibilità ad accogliere i tirocinanti dell'Istituto EMANUEL-STEFAN MARINESCU (ROMANIA) per lo svolgimento di un tirocinio di formazione ed orientamento presso la sede comunale;

Visto l'allegato schema di protocollo d'intesa proposto dall'Istituto sopra citato, per l'attività di tirocinio, formazione ed orientamento professionale anno 2016-2017 che si allega al presente provvedimento quale parte integrante, formale e sostanziale dello stesso;

Dato atto, altresì, che l'obiettivo preminente dell'attività stagistica è quello di agevolare le scelte professionali degli allievi mediante la conoscenza diretta del mondo del lavoro e realizzare momenti di alternanza tra studio e lavoro nell'ambito dei processi formativi;

Rilevato che l'attività di tirocinio formativo e di orientamento non costituisce rapporto di lavoro e che sono a carico dell'Istituto scolastico le assicurazioni contro gli infortuni, e, pertanto, che tale attività non comporta oneri a carico dell'Ente;

Visto l'Ordinamento E.E.L.L. vigente in Sicilia;

Vista la Legge Regionale 30/2000;

Visto lo Statuto comunale dell'Ente

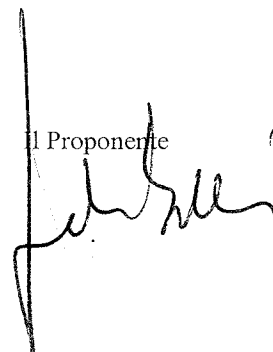
SI PROPONE CHE LA GIUNTA COMUNALE DELIBERI

- 1). **Di approvare** lo schema di protocollo d'intesa tra l'Istituto EMANUEL-STEFAN MARINESCU (ROMANIA) e l'Amministrazione Comunale di San Fratello, per lo svolgimento e l'attuazione del progetto ERASMUS +, nei servizi del Comune di San Fratello, autorizzando il Sindaco competente a sottoscrivere la convenzione;
- 2). **Di dare atto** che l'attività di tirocinio formativo e di orientamento non costituisce rapporto di lavoro, e che tale attività non comporta oneri a carico dell'Ente, stante che sono a carico dell'Istituto EMANUEL-STEFAN MARINESCU (ROMANIA) le assicurazioni contro gli infortuni;
- 3). **Di trasmettere** copia del presente provvedimento e del protocollo d'intesa all'Istituto EMANUEL-STEFAN MARINESCU (ROMANIA);
- 4). **Di rendere** il presente atto immediatamente esecutivo.

Il Responsabile del Procedimento



Il Proponente



In ordine alla acclusa proposta di deliberazione, ai sensi dell'art.53 della legge 8.6.1990, n. 142, come recepito con l'art.1 comma 1 lett. i della L.R. 11.12.1991, n. 48, e sostituito dall'art.12 della l.r. n.30/2000, vengono espressi i relativi pareri come appresso:

Il Responsabile del servizio interessato per quanto concerne la regolarità tecnica esprime parere: *favorevole*

Data 19-07-2017

IL RESPONSABILE

Salvo Maria Tasso

Il Responsabile di Ragioneria per quanto concerne la regolarità contabile esprime parere: *non dovuto*

Data 19-07-2017

IL RESPONSABILE

Salvo Antonio

ATTESTAZIONE DI COPERTURA FINANZIARIA

La spesa di cui alla presente proposta trova la copertura finanziaria di € _____ al codice _____ al capitolo _____ / Impegno n. _____ del bilancio anno _____

Data _____

IL RESPONSABILE DI RAGIONERIA

LA GIUNTA MUNICIPALE

Vista la superiore proposta di deliberazione;

Vista la Legge n.142 dell'8/6/1990 recepita in Sicilia con la L.R. n. 48 dell'11.12.1991 e s.m.i.;

Visti i pareri favorevolmente espressi ai sensi dell'art.53 della legge 8/6/1990, n. 142, come recepita con l'art. 1 comma 1 lettera i) della L.R. 11.12.1991 n. 48, come sostituito dall'art.12 comma 1 punto 0.1 della L.R. 23.12.2000 n. 30;

Visto l'O.A.EE.LL. vigente in Sicilia;

Visto lo Statuto Comunale;

Con voti unanimi, resi nelle forme di legge,

DELIBERA

1. Di approvare la proposta di deliberazione sopra riportata che si intende integralmente trascritta ad ogni effetto di legge nel presente dispositivo;

Con successiva separata votazione favorevole unanime, per i motivi enucleati in proposta, la presente viene dichiarata immediatamente esecutiva ai sensi di legge.

Il presente verbale, dopo la lettura, si sottoscrive per conferma.

Il Presidente

L'Assessore Anziano

Il Segretario Comunale

CERTIFICATO DI PUBBLICAZIONE

Il sottoscritto Segretario Comunale, su conforme attestazione dell'addetto, **CERTIFICA** che la presente deliberazione è stata pubblicata all'albo pretorio online di questo Comune per giorni 15 consecutivi dal _____ al _____ e contro di essa non sono state proposte opposizioni e/osservazioni.

Dalla Residenza Municipale, li _____

L'Addetto

Il Segretario Comunale

Il sottoscritto Segretario Comunale, Visti gli atti d'ufficio

ATTESTA

che la presente deliberazione è stata pubblicata all'albo pretorio comunale on line il _____, per rimanervi per 15 giorni consecutivi fino al _____.

L'Addetto

Il Segretario Comunale

CERTIFICATO DI ESECUTIVITA'

(ai sensi dell'art. 12 della L.R. 44/1991)

IL SEGRETARIO COMUNALE

Visti gli atti d'ufficio

ATTESTA

che la presente deliberazione

è divenuta esecutiva il giorno _____ perchè decorsi dieci giorni dalla pubblicazione all'albo pretorio ai sensi dell'art. 12 comma 1 della L.R. 44/1991.

è esecutiva dal 11/08/2012 perchè dichiarata immediatamente esecutiva dalla Giunta Comunale ai sensi dell'art. 12 comma 2 della L.R. 44/1991.

Il Segretario Comunale



Higher Education
Learning Agreement form
Trainee's name

			Fax : 00390941799714
Mentor ⁸ name / position	SALVO MARIA TERESA	Mentor e-mail /	COMUNE SAN FRATELLO G PEC. IT

For guidelines, please look at Annex 1, for end notes please look at Annex 2.

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] 30 th of June 2017..... till [month/year]29 th of September 2017.....
Number of working hours per week: ...
Traineeship title: KNOWING HOW AN ITALIAN PUBLIC INSTITUTION WORKS
Detailed programme of the traineeship period... Communication and Correspondence,Receiving agenda items, I will answer the phone calls,i will organize the documents
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship ... friendliness,confidence,empathy,respect,open-mindedness,listening,
Monitoring plan: monthly
Evaluation plan: final

Language competence of the trainee The level of language competence ⁹ in [workplace main language] that the trainee already has or agrees to acquire by the start of the mobility period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input checked="" type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/>

The sending institution

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

[Please fill in only one of the following boxes depending on whether the traineeship is embedded in the curriculum or is a voluntary traineeship.]



LEARNING AGREEMENT FOR TRAINEESHIPS

The Trainee

Last name (s)	Luparu	First name (s)	Andrei
Date of birth	17.04.1998	Nationality ¹	Romanian
Sex [M/F]	M	Academic year	2016/2017..
Study cycle ²	Bachelor	Subject area, Code ³	
Phone	0769623579	E-mail	Luparu_Andrei17@yahoo.com

The Sending Institution

Name	Danubius University of Galati	Faculty	Communication and International Relations
Erasmus code (if applicable)	ROGALATI02	Department	Secretary Office
Address	Galati Bd. Galati nr.3	Country, Country code ⁴	ROMANIA RO
Contact person name	Vice-Rector of Foreign Affairs Emanuel-Stefan Marinescu	Contact person E-mail / phone	

The Receiving Organisation/Enterprise

Name Sector ⁵		Department	Secretary Office
Address, website	Provincia Mesina, Municipio San Fratello via Serpi, Sicily	Country	Italy
Size of enterprise ⁶	60 employees		
Contact person ⁷ name / position	Mario Francesco Fulia	Contact person e-mail / phone	<u>comunesanfratello@pec.it</u> <u>sindaco@comunedisanfratello.it</u> Phone:0941794030



traineeship, the institution undertakes to:

- Award ECTS credits.
- Give a grade based on: Traineeship certificate Final report Interview
- Record the traineeship in the trainee's Transcript of Records.
- Record the traineeship in the trainee's Diploma Supplement (or equivalent).
- Record the traineeship in the trainee's Europass Mobility Document Yes No

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

- Award ECTS credits: Yes No
If yes, please indicate the number of ECTS credits:
- Give a grade: Yes No
If yes, please indicate if this will be based on:
Traineeship certificate Final report Interview
- Record the traineeship in the trainee's Transcript of Records Yes No
- Record the traineeship in the trainee's Diploma Supplement (or equivalent), except if the trainee is a recent graduate.
- Record the traineeship in the trainee's Europass Mobility Document Yes No *This is recommended if the trainee will be a recent graduate.*

The receiving organisation/enterprise

The trainee will receive a financial support for his/her traineeship: Yes No

If yes, amount in EUR/month:

The trainee will receive a contribution in kind for his/her traineeship: Yes No

If yes, please specify:

Is the trainee covered by the accident insurance? Yes No

If not, please specify whether the trainee is covered by an accident insurance provided by the sending institution: Yes No

The accident insurance covers:

- accidents during travels made for work purposes: Yes No
- accidents on the way to work and back from work: Yes No

Is the trainee covered by a liability insurance? Yes No

The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee.

Upon completion of the traineeship, the organisation/enterprise undertakes to issue a Traineeship Certificate by [*maximum 5 weeks after the traineeship*].

II. RESPONSIBLE PERSONS

Responsible person¹¹ in the sending institution:

Name:

Function:

Phone number:

E-mail:

Responsible person¹² in the receiving organisation/enterprise (supervisor):



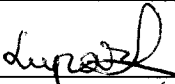

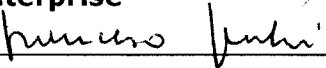
Higher Education
Learning Agreement form
Trainee's name

Name:	Function:
Phone number:	E-mail:

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed 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 trainee Trainee's signature		Date: 28-06-2017
The sending institution Responsible person's signature		Date: 28-06-2017
The receiving organisation/enterprise Responsible person's signature		Date: 30. 06. 2017

Section to be completed DURING THE MOBILITY

EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] till [month/year]
Number of working hours per week: ...
Traineeship title: ...
Detailed programme of the traineeship period...
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship ...
Monitoring plan ...
Evaluation plan ...

The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the mobility programme are approved.

Approval by e-mail or signature from the trainee, the responsible person in the sending institution and the responsible person in the receiving organisation/enterprise.

II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:



Erasmus+

**Higher Education
Learning Agreement form**
Trainee's name

II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:

New responsible person in the sending institution:

Name:	Function:
Phone number:	E-mail:

New responsible person in the receiving organisation/enterprise:

Name:	Function:
Phone number:	E-mail:



Section to be completed AFTER THE MOBILITY

TRAINEESHIP CERTIFICATE

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 and end of the traineeship:

from *[day/month/year]* till *[day/month/year]*

Traineeship title:

Detailed programme of the traineeship period including tasks carried out by the trainee:

Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):

Evaluation of the trainee:

Date:

Name and signature of the responsible person at the receiving organisation/enterprise:



LEARNING AGREEMENT FOR TRAINEESHIPS

The Trainee

Last name (s)	Capră	First name (s)	Georgiana-Ramona
Date of birth	17.09.1995	Nationality ¹	romanian
Sex [M/F]	F	Academic year	2016/2017..
Study cycle ²		Subject area, Code ³	
Phone	0770553370	E-mail	ramonageorgiana1795@yahoo.com

The Sending Institution

Name	Danubius Univer Galati	Faculty	Communication International Rel
Erasmus code (if applicable)	ROGALATI02	Department	Secretary Off
Address	Galati Bd. Galati n	Country, Country code ⁴	ROMANIA RO
Contact person name	Vice-Rector of For Affairs Emanuel-S Marinescu	Contact person E-mail / phone	

The Receiving Organisation/Enterprise

Name Sector ⁶		Department	
Address, website	Provincia Mesina, Municipio San Fratello via Serpi , Sicily	Country	Italy
Size of enterprise ⁷	60		
Contact person ⁸ name / position	Mario Francesco Fulia	Contact person e-mail / phone	<u>comunesanfratello@pec.it</u> <u>sindaco@comunedisnfratello.it</u> Phone:0941794030 Fax : 00390941799714



Erasmus+

Higher Education
Learning Agreement form
Trainee's name

Mentor ⁹ name / position	XXXXXXXXXX SALERNO MARIA TERESA	Mentor e-mail / phone	COMUNE SAN FRATELLO G PEC. IT
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For guidelines, please look at Annex 1, for end notes please look at Annex 2.

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year]30 th of June 2017..... till [month/year] 29 th of September 2017.....
Number of working hours per week: 20
Traineeship title: KNOWING HOW AN ITALIAN PUBLIC INSTITUTION WORKS
Detailed programme of the traineeship period ...maintaining diaries and arranging appointments, coordinating mail-shots and similar publicity tasks, organising and servicing meetings, managing reception and meeting and greeting clients.
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship ... friendliness,confidence,empathy,respect,open-mindedness,listening, tact, discretion and diplomacy
Monitoring plan: monthly
Evaluation plan: final

Language competence of the trainee The level of language competence ¹⁰ in [workplace main language] that the trainee already has or agrees to acquire by the start of the mobility period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input checked="" type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/>
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The sending institution

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

[Please fill in only one of the following boxes depending on whether the traineeship is embedded in the curriculum or is a voluntary traineeship.]

The traineeship is <u>embedded in the curriculum</u> and upon satisfactory completion of the
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**Erasmus+****Higher Education
Learning Agreement form
Trainee's name**

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

- Award ECTS credits.
- Give a grade based on: Traineeship certificate Final report Interview
- Record the traineeship in the trainee's Transcript of Records.
- Record the traineeship in the trainee's Diploma Supplement (or equivalent).
- Record the traineeship in the trainee's Europass Mobility Document Yes No

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

- Award ECTS credits: Yes No
If yes, please indicate the number of ECTS credits:
- Give a grade: Yes No
If yes, please indicate if this will be based on:
Traineeship certificate Final report Interview
- Record the traineeship in the trainee's Transcript of Records Yes No
- Record the traineeship in the trainee's Diploma Supplement (or equivalent), except if the trainee is a recent graduate.
- Record the traineeship in the trainee's Europass Mobility Document Yes No
This is recommended if the trainee will be a recent graduate.

The receiving organisation/enterprise

The trainee will receive a financial support for his/her traineeship: Yes No
If yes, amount in EUR/month:

The trainee will receive a contribution in kind for his/her traineeship: Yes No
If yes, please specify:

Is the trainee covered by the accident insurance? Yes No

If not, please specify whether the trainee is covered by an accident insurance provided by the sending institution: Yes No

The accident insurance covers:

- accidents during travels made for work purposes: Yes No
- accidents on the way to work and back from work: Yes No

Is the trainee covered by a liability insurance? Yes No

The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee.

Upon completion of the traineeship, the organisation/enterprise undertakes to issue a Traineeship Certificate by [*maximum 5 weeks after the traineeship*].

II. RESPONSIBLE PERSONS

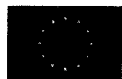
Responsible person¹⁰ in the sending institution:

Name: Emanuel-Stefan Marinescu
Affairs

Function: Vice-Rector of Foreign

Phone number:

E-mail:



Erasmus+

**Higher Education
Learning Agreement form
Trainee's name**

Responsible person¹¹ in the receiving organisation/enterprise (supervisor):	
Name:	Function:
Phone number:	E-mail:

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed 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 trainee Trainee's signature		Date: 28/06/2017
The sending institution Emanuel-Stefan Marinescu Vice-Rector of Foreign Affairs Date:		 28.06.2017
The receiving organisation/enterprise Responsible person's signature		Date: 20/06/2017

Section to be completed DURING THE MOBILITY

EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] till [month/year]
Number of working hours per week: ...
Traineeship title: ...
Detailed programme of the traineeship period...
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship ...
Monitoring plan ...
Evaluation plan ...

The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the mobility programme are approved.

Approval by e-mail or signature from the trainee, the responsible person in the sending institution and the responsible person in the receiving organisation/enterprise.



Erasmus+

**Higher Education
Learning Agreement form**
Trainee's name

New responsible person in the sending institution:

Name:

Function:

Phone number:

E-mail:

New responsible person in the receiving organisation/enterprise:

Name:

Function:

Phone number:

E-mail:



Section to be completed AFTER THE MOBILITY

TRAINEESHIP CERTIFICATE

Name of the trainee: CAPRA GEORGIANA RAMONA

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 and end of the traineeship:
from [day/month/year] till [day/month/year]

Traineeship title:

Detailed programme of the traineeship period including tasks carried out by the trainee:

Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):

Evaluation of the trainee:

Date:

Name and signature of the responsible person at the receiving organisation/enterprise: