

#### **The Student**

| Last name (s)               | Crippa        | First name (s)                  | Eleonora                             |  |
|-----------------------------|---------------|---------------------------------|--------------------------------------|--|
| Date of birth               | 16/10/1995    | Nationality <sup>1</sup>        | Italian                              |  |
| Sex [ <i>M/F</i> ]          | F             | Academic year                   | 2018/2019                            |  |
| Study cycle <sup>2</sup>    | I cycle level | Field of education <sup>3</sup> | 0911: Dental studies<br>(12.3 - 724) |  |
| E-mail campus               |               | Matriculation                   |                                      |  |
| e.crippa27@campus.unimib.it |               | 822048                          |                                      |  |

### **The Sending Institution**

| Name                | UNIVERSITY OF MILA                             | NO - BICOCCA |                         |
|---------------------|--|--------------|-------------------------|
| Department          | Medicine and surgery                           | Degree       | Dentistry               |
| Address             | Piazza Ateneo Nuovo 1<br>20126 Milano<br>Italy | Country      | ITALY                   |
| Responsible         | Prof.re Marco Parenti                          | e-mail /     | marco.parenti@unimib.it |
| Person <sup>4</sup> |  | phone        |                         |

### The Receiving Institution/Organisation/Enterprise

| Name                               | APA (Amici per l'Africa) Onlus  |                   |                        |
|------------------------------------|---|-------------------|------------------------|
| Address,<br>web site               | sede legale Via delle Vasche 2 - 21020 (Va) http://www.amiciperafrica.it/ | Country           | Italy                  |
| Responsible<br>Person <sup>5</sup> | Dott.re Dino Azzalin  | e-mail /<br>phone | dino.azzalin@gmail.com |





#### SENDING INSTITUTION

International Office-University of Milano - Bicocca

Via Vizzola 5, 20126 Milano- Italy

Students coming from Milan: <a href="mailto:outgoing.extraue@unimib.it">outgoing.extraue@unimib.it</a> Students coming to Milan: <a href="mailto:incoming.erasmus@unimib.it">incoming.erasmus@unimib.it</a>

#### RECEIVING INSTITUTION/ORGANISATION/ENTERPRISE

Amici per l'Africa- APA.

Sede legale: via delle Vasche 2- 21020 Casciago (VA)

Email: info@amiciperafrica.it

Dr. Dino Azzalin - Presidente (Varese) 335 716 0257

Odt. Bondi Giuseppe - Vicepresidente (Empoli) 348 031 6103

Cremona Cristina - Segretaria (Varese) 340 369 0645



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#### **BEFORE THE MOBILITY**

#### TABLE A. Mobility project at the Receiving Institution/Organisation/Enterprise

| Planned period of the mobility: |            |                                |  |
|---------------------------------|------------|--------------------------------|--|
| from [day/month/year]           | 31/07/2019 | to [day/month/year] 02/09/2019 |  |
| Mobility project title:         |            |                                |  |
| Dentistry traineeship in Ta     | nzania     |                                |  |
|                                 |            |                                |  |

#### Detailed program of the Mobility project: (1500 characters)

The experience will take place in Tanzania, in a small hospital in Mikumi. The activity includes spending the day shadowing experienced doctors and nurses, learning all about their day-to-day work. There will be the possibility to attend the dental clinic, see what the main duties of a dentist are (in terms of prevention and health-care). It'll be a great opportunity to get an insight into the health-care challenges people face everyday. The daily routine starts at 9 am and ends at 3 pm approximately (lunch break between 12 am and 1 pm). The number of working hours per week is about 25. The aim of this project is to learn the basic dental practice in a totally different reality from the European one. During this period the student, indeed, can be aware of which oral pathologies are more common in Tanzania (how to make diagnosis and give the right therapy); and it'll be able to understand how to relate with patients. The student will also give a contribute in helping the development of health-care system and make the local people conscious of the main principles of techniques in term of prevention.

### Knowledge, skills and competences to be acquired by the end of the mobility period (expected project Outcomes): (1500 characters)

This kind of activity will give to the student the opportunity to face with a totally different reality from the common one. This means dental volunteers will always need to be flexible and assist local staff in coming up with creative solutions to problems, while, most of the time, dealing with less than state-of-the-art equipment. There will be also the opportunity to cooperate with other people in a team work, becoming more responsible and able to take decisions in difficult situations.

#### Monitoring and evaluation plan of the student: (1500 characters)

The student will be supervised by a local coordinator during all the period. The student will be helped by the local doctors to learn the basic techniques of dentistry and to be a part of a medical equip. The number of working hours per week is 25. The daily routine starts at 9 am and ends at 3 pm. At the end of each week there will be the possibility to analyze the past week and discuss about the possible difficulties came up. Weekends are free.

| The leve | el of lang | uage co    | mpetenc    | <b>e</b> <sup>6</sup> in Eng | lish [indic | cate here the main language of work] |
|----------|------------|------------|------------|------------------------------|-------------|--------------------------------------|
| that the | trainee a  | already ha | as or agre | es to acc                    | quire by th | ne start of the mobility period is:  |
| A1 🔲     | A2 🔲       | B1 🔲       | B2 ⊠       | C1 🔲                         | C2 🔲        | Native speaker                       |



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#### **TABLE B. Sending Institution**

| The Mobility project is <b>embedded in the curriculum</b> and upon satisfactory completion of the Mobility project, the institution undertakes to:                      |
|---|
| Award 4 ECTS credits (or equivalent).   |
| Give a grade based on: Mobility project certificate   |
| $\bullet$ Record the Mobility project in the student's Diploma Supplement (or equivalent) Yes $$ , No $\Box$  |
|   |
| The Sending Institution will provide an accident insurance to the student (if not provided  |
| by the Receiving Institution/Organisation/Enterprise): Yes $$ , No $\square$  |
| The accident insurance covers:  |
| - accidents during travels made for work purposes: Yes $$ , No $\square$  |
| - accidents on the way to work and back from work: Yes $$ , No $\square$  |
| The Sending Institution will provide a liability insurance to the student (if not provided by the Receiving Institution/Organisation/Enterprise)? Yes $$ , No $\square$ |

#### TABLE C. Receiving Institution/Organisation/Enterprise

| The Receiving Institution/Organisation/Enterprise will provide an accident insurance to the student (if not provided by the Sending Institution): Yes $\square$ No $\boxtimes$               |
|--|
| The accident insurance covers:   |
| - accidents during travels made for work purposes: Yes $\square$ No $\boxtimes$  |
| - accidents on the way to work and back from work: Yes $\square$ No $\boxtimes$  |
| The Receiving Institution/Organisation/Enterprise will provide a liability insurance to the student (if not provided by the Sending Institution): Yes $\square$ No $\boxtimes$               |
| The Receiving Institution/Organisation/Enterprise will provide appropriate support and equipment to the student.   |
| Upon completion of the mobility project, the Receiving Institution/ Organisation/Enterprise undertakes to issue a Mobility Project Certificate within 5 weeks after the end of the mobility. |

By signing this document, the student, the Sending Institution and the Receiving Institution/ Organisation/Enterprise confirm that they approve the Learning Agreement for Exchange Mobility EXTRA EU and that they will comply with all the arrangements agreed by all parties.



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Date: 23/02/2019

The student and Receiving Institution/Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the mobility period.

#### **COMMITMENT**

**Student** 

Name: Eleonora Crippa

Student's campus email: e.crippa27@campus.unimib.it

Student's signature

Responsible person at the Sending Institution

Name: Marco Parenti Position: Coordinator of international programs

Responsible person's unimib email: marco.parenti@unimib.it

Responsible person's signature Date:

Responsible person at the Receiving Institution/Organisation/Enterprise

Name: Dino Azzalin Position: President of APA-Amici per l'Africa Onlus

Responsible person's email: dino.azzalin@gmail,com

Responsible person's signature Date: 20/02/2019



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### **DURING THE MOBILITY**

TABLE A2. Exceptional Changes to the Mobility project at the Receiving Institution/Organisation/Enterprise

| Mobility period change  |
|---|
| from [day/month/year] till [day/month/year]                             |
| Detail any change to the Mobility project                               |
|   |
|   |
| Student   |
| Name:   |
| Student's campus email:   |
| Student's signature:  |
| Date:   |
|   |
| Responsible person at the Sending Institution                           |
| Name: Position:   |
| Responsible person's unimib email:                                      |
| Responsible person's signature  |
| Date:   |
|   |
| Responsible person at the Receiving Institution/Organisation/Enterprise |
| Name: Position:   |
| Responsible person's email:   |
| Responsible person's signature  |
| Date:   |



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### **AFTER THE MOBILITY**

TABLE D. Project mobility Certificate by the Receiving Institution/ Organisation/Enterprise

| ame of the Student  |
|---|
| ame of the Receiving Institution Organisation/Enterprise:   |
| ddress of the Receiving Institution/Organisation/Enterprise [street, city, ountry, phone, e-mail address], website: |
| tart date and end date of the mobility: om [day/month/year] to [day/month/year]                                     |
| ctivity report:   |
| valuation of the student:   |
|   |
| esponsible person at the Receiving Institution/Organisation/Enterprise:   |
| ame:  |
| osition:  |
| none number: E-mail:  |
| esponsible person's signature:  |



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- 1 Nationality: Country to which the person belongs administratively and that issues the ID card and/or passport.
- **2 Study cycle**: I cycle level= Bachelor or equivalent /II cycle level= Master, single cycle degree or equivalent / III cycle level= Doctorate
- **3 Field of education:** The <u>ISCED-F 2013 search tool</u> available at <a href="http://ec.europa.eu/education/tools/isced-f\_en.htm">http://ec.europa.eu/education/tools/isced-f\_en.htm</a> 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 Responsible person at the sending institution**: the Departmental Mobility Coordinator, or the thesis supervisor if the EXTRAUE mobility is aimed at preparing the thesis
- **5** Responsible person at the receiving institution: the Departmental Mobility Coordinator, or the thesis supervisor if the EXTRAUE mobility is aimed at preparing the thesis, or the contact person in the company (mentor) if the mobility takes place in a private institution.
- **6 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