
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: