**Section to be completed AFTER THE MOBILITY**

**TABLE D- Traineeship Certificate by the Receiving Organisation/Enterprise**

|  |
| --- |
| **Name of the trainee:** Mister/Miss |

|  |
| --- |
| **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:**

**(\*)**

* Dates blurred, amended with correction fluid or overwritten will not be accepted
* The date of signature cannot be earlier than the ending date.
* **Original** document to be sent to: Servei de Relacions Internacionals- Universitat de València **Palau Cerveró-Plaça de Cisneros, 4, 46003 València?**