**Section to be completed DURING THE MOBILITY**

#### **EXCEPTIONAL CHANGES TO THE TRAINEESHIP PROGRAMME AT THE RECEIVING ORGANISATION/ ENTERPRISE**

|  |
| --- |
| **Name of the Trainee:** |
| **Planned period of the mobility**: from [day/month/year]…………… till [day/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 end of the traineeship (expected Learning Outcomes)**:  |
| **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.

|  |
| --- |
| **The trainee**NameTrainee’s signature Date:  |
| **Responsible person11 at the Sending Institution**Name Position Responsible person’s signature Date:  |
| **Supervisor12 at the Receiving Organisation**Name Position Supervisor’s signature Date:  |

#### **II. CHANGES IN THE RESPONSIBLE PERSON(S), if any: NO CHANGES SO FAR.**

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