**Section to be completed DURING THE MOBILITY**

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

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| **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.

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| **The trainee**  Name  Trainee’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.**

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| **New responsible person in the sending institution:**  Name: Function:  Phone number: E-mail: |

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| **New responsible person in the receiving organisation/enterprise**:  Name: Function:  Phone number: E-mail: |