

After the mobility*Table D - Traineeship Certificate by the Receiving Organisation/Enterprise***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 date and end date of the complete traineeship (incl. virtual component, if applicable):**

from [day/month/year] _____ to [day/month/year] _____

Start date and end date of physical mobility, if applicable:

from [day/month/year] _____ to [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 (achieved Learning Outcomes):****Evaluation of the trainee:****Date:****Name and signature of the Supervisor at the Receiving Organisation/Enterprise:**