

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: