**TRAINEESHIP CERTIFICATE Section to be completed AFTER THE MOBILITY**

|  |  |
| --- | --- |
| **Name of the trainee:** | Click or tap here to enter text. |
| **Name of the receiving organisation/enterprise:** | Click or tap here to enter text. |
| **Sector of the receiving organisation/enterprise** | Click or tap here to enter text. |
| **Address of the receiving organisation/enterprise** *[street, city, country, phone, e-mail address]* | Click or tap here to enter text. |
| **Website** | Click or tap here to enter text. |
| **Start of the traineeship** *[dd/mm/yyyy]* | Click or tap here to enter text. |
| **End of the traineeship***[dd/mm/yyyy]* | Click or tap here to enter text. |
| **Traineeship title:** | Click or tap here to enter text. |
| **Detailed programme of the traineeship period including tasks carried out by the trainee:** | Click or tap here to enter text. |
| **Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):** | Click or tap here to enter text. |
| **Evaluation of the trainee:** | Click or tap here to enter text. |
| **Date:** | Click or tap here to enter text. |
| **Name of the responsible person at the receiving organisation/enterprise:** | Click or tap here to enter text. |
| **Signature:** |  |