



## TRAINEESHIP CERTIFICATE

Section to be completed AFTER THE MOBILITY

Fill in this form digitally and keep a copy for your own reference!

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:

Dates of the physical traineeship in country of Host:

From [*dd/mm/yyyy*] till [*dd/mm/yyyy*]

Traineeship title:

Detailed programme of the traineeship period including tasks carried out by the trainee:

Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):

Evaluation of the trainee:

Date:  
[*dd/mm/yyyy*]

Name and signature of the responsible person at the receiving organisation/enterprise: