**Section to be completed AFTER THE MOBILITY**

#### **TRAINEESHIP CERTIFICATE**

|  |
| --- |
| **Name of the trainee:** |

|  |
| --- |
| **Name of the receiving organisation/enterprise:** |

|  |
| --- |
| **Sector of the receiving organisation/enterprise:** |

|  |
| --- |
| **Address of the receiving organisation/enterprise:**  **website: phone/email :** |

|  |
| --- |
| **Start and end of the traineeship:**  from *[day/month/year]* …………………. till *[day/month/year]……….*…………… |

|  |
| --- |
| **Traineeship title:** |

|  |
| --- |
| **Detailed programme of the traineeship period:** |

|  |
| --- |
| **Knowledge, skills (intellectual and practical) and competences achieved:** |

|  |
| --- |
| **Evaluation of the trainee:** |

**Name and signature of the responsible person**

**at the receiving organisation/enterprise:**

Date:

Stamp: