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

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| **Name of the trainee:** |

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

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| --- |
| **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:** from [day/month/year] …………………. to [day/month/year] ………………. |

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| **Traineeship title:** |

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

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

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| **Evaluation of the trainee:** |

**Date:**

**Name and signature of the Supervisor at the Receiving Organisation/Enterprise:**