**to be completed AFTER THE MOBILITY**

**TRAINEESHIP CERTIFICATE BY THE RECEIVING ORGANISATION/ENTERPRISE**

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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:** |

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| --- |
| **Address of the receiving organisation/enterprise** [street, city, country, phone, e-mail address]**:**  **website: http://www.** |

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| **Start date and end date of the traineeship:**  from \_\_\_\_\_**/\_\_\_ /\_\_\_\_** till \_\_\_\_\_**/\_\_\_ /\_\_\_\_** |

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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 (achieved learning outcomes): ………………………………………………………………**  **…………………………………………………………………………………………………………..**  **……………………………………………………………………………………………………………** |

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| **Evaluation of the trainee:**  Very Good 🞏 Good 🞏 Satisfactory 🞏 Poor 🞏  Other comments (if necessary):……………………………………………………….. |

**Name and Signature of the supervisor at the receiving organisation/enterprise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Receving organisation/enterprise STAMP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_**