****

**AFTER THE MOBILITY**

#### **TRAINEESHIP CERTIFICATE**

**Table D –** Traineeship Certificate by the Receiving Organisation/Enterprise

#### **Trainee**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Sending institution |  | Receiving  Organisation/Enterprise |  |
| Sector of Receiving  Organisation/Enterprise |  | Address of Receiving  Organisation/Enterprise |  |

|  |
| --- |
| Start date and end date of the traineeship: from *[day/month/year]* …………… to *[day/month/year]* ……………. |
| Traineeship title: |
| Detailed programme of the traineeship period including tasks carried out by the trainee: |
| Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes): |
| Evaluation of the trainee: |

|  |
| --- |
| Date: |
| Name and signature of the Supervisor at the Receiving Organisation/Enterprise: |