



# Traineeship Certificate

## Section to be completed AFTER THE MOBILITY

**Name of trainee:**

**Start and end date**

**of the traineeship:** from

till

*[day/month/year]*

**The receiving organisation/enterprise**

**Name:**

**Sector:**

**Address: Street:**

**Postal code:**

**City:**

**Country:**

**Phone:**

**E-mail:**

**Website:**

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

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

**Evalution of the trainee:**

**Place:**

**Date:**

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

**Name:**

**Signature:** \_\_\_\_\_