
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 [*street, city, country, phone, e-mail address*], **website:**

Start and end of the traineeship:

from [*day/month/year*] till [*day/month/year*]

Traineeship title:

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

Evaluation of the trainee:

Date:

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

Please note that this certificate has to be filled in at the end of the student's stay abroad and must not be dated earlier than 5 days prior to the actual end of the stay.