

AFTER THE MOBILITY

Table D - Traineeship Certificate by the Receiving Organisation / Enterprise

Name of the trainee:	
Name of the Receiving Organisation:	
Address of the Receiving Organisation:	
Sector of the Receiving Organisation:	
Traineeship title:	
Start date and end date of the complete traineeship: from	to
<small>(incl. virtual component, if applicable; please enter the first and last working day)</small>	
Start date and end date of the physical traineeship: from	to
Detailed program of the traineeship period, including tasks carried out by the trainee:	
Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):	
Evaluation of the trainee by the Receiving Organisation:	

Responsible Person at the Receiving Organisation/enterprise:

Name:

Responsible
person's
signature
and stamp: _____

Date: