

## 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]* .....

*! The start date of the traineeship shall be the first day that the participant was present at the receiving institution, first day at work. The end date of the traineeship shall be the last day the participant was present at the receiving organisation, last day at work.*

Traineeship title:

Detailed programme 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:

Date of signature *[day/month/year]*<sup>1</sup>:

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

[STAMP]

<sup>1</sup> This document must be signed at the end of the mobility period. Consequently the date of signature must be equal or greater than the date of conclusion.