

## 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:

- Physical component: from ..... to .....
- Virtual component (if applicable): from ..... to .....

**Please note:**

- The start date of the traineeship will be the first day the participant is present at the receiving institution, which is also their first day of work.

- The end date will be the last day the participant is present at the receiving organisation, corresponding to their last day of work.

These dates must correspond to those outlined in the Grant Agreement signed before the mobility period.

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 person responsible 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 to or greater than the date of conclusion.