

**Section to be completed AFTER THE MOBILITY**

**TRAINEESHIP CERTIFICATE**

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| **Name of the trainee:** |

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| **Name of the receiving organisation/enterprise:** |

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| **Sector of the receiving organisation/enterprise:** |

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| **Address of the receiving organisation/enterprise** *[street, city, country, phone, e-mail address]***,** **website:** |

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| **Start and end of the traineeship:**from *[day/month/year]* \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_till *[day/month/year]* \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |

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| **Traineeship title:** |

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| **Number of working hours per week:** |

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| **Detailed programme of the traineeship period including tasks carried out by the trainee (min. 600 characters):** |

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| **Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved -** **min. 300 characters):** |

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| **Evaluation of the trainee (min. 300 characters):** |

Name of the responsible person/supervisor at the receiving organization:

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Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the responsible person at the receiving organization/enterprise (supervisor):**

**Date:**

**Stamp of the receiving organization/enterprise:**

**Signature of Erasmus faculty coordinator at student's home HEI (faculty) and stamp:**

**Date:**