

---

**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:**

**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:**

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