**Section to be completed AFTER THE MOBILITY**

#### **Table D**

#### **TRAINEESHIP CERTIFICATE by the Receiving Organisation/Enterprise**

|  |
| --- |
| **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 date and end date 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 (achieved Learning Outcomes):** |

|  |
| --- |
| **Evaluation of the trainee:** |

**Date:**

**Name and signature of the Supervisor at the Receiving Organisation/Enterprise and stamp of the organisation:**