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Section to be completed AFTER THE MOBILITY

## TRAINEESHIP CERTIFICATE 2023-2024

### I. To be completed by trainee

Name of the trainee:

Name of the receiving organisation/enterprise:

Address of the receiving organisation/enterprise:

*[Street, city, country, phone, e-mail address, website]*

First day and last day of work at the working place as mentioned on the Grant Agreement:

First day and last day of work at the working place as actually realized:

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):

**II. To be completed by on-site supervisor of the host organisation**

Assessment of the trainee:

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Place and date:

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

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