

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:

--

Place and date:

--

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

--