**Section to be completed AFTER THE MOBILITY**

**TRAINEESHIP CERTIFICATE 2023-2024**

1. **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): |
|  |

1. **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: |
|  |