**Section to be completed AFTER THE MOBILITY**

**TRAINEESHIP CERTIFICATE 2022-2023**

**PhD**

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]* |
| Start and end of the traineeship: |
| *[From first working day [dd/mm/yyyy] \_\_\_\_till last working day [dd/mm/yyyy] \_\_\_\_]* |
| 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 supervisor**

|  |
| --- |
| Assessment of the trainee: |
|  |
| Place and date: |
|  |
| Name and signature of the responsible person at the receiving organisation/enterprise: |
|  |