





## **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 complete traineeship (incl. virtual component, if applicable): from [day/month/year] to [day/month/year]
Start date and end date of physical mobility: from [day/month/year] to [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 <u>and stamp</u> of the Supervisor at the Receiving Organisation/Enterprise: