



After the Mobility

Table D - Traineeship Certificate by the Receiving Organisation

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| Name of the trainee: |
| Name of the Receiving Organisation: |
| Sector of the Receiving Organisation: |
| Address of the Receiving Organisation [street, city, country, 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 component: from [day/month/year] to [day/month/year] |
| Traineeship title: |
| Detailed programme of the traineeship period including tasks carried out by the trainee (including the virtual component, if applicable): |
| Knowledge, skills (intellectual and practical) and competences acquired (achieved learning outcomes): |
| Evaluation of the trainee: |
| Date: |
| Name and signature of the Supervisor at the Receiving Organisation: |