**Section to be completed AFTER THE MOBILITY**

#### **Traineeship certificate by the Receiving Organisation**

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| **Name of the trainee:** |

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| **Name of the Receiving Organisation:** |

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| --- |
| **Sector of the Receiving Organisation:** |

|  |
| --- |
| **Address of the Receiving Organisation:** *[street, city, country, phone, e-mail address]*  **Website:** |

|  |
| --- |
| **Start date and end date of traineeship:**  from *[dd/mm/yy]* …………… to *[dd/mm/yy]* ……………. |

|  |
| --- |
| **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 of the Supervisor at the Receiving Organisation:**

**Stamp:**