**AFTER THE MOBILITY**

#### **Table D - Traineeship Certificate by the Receiving Organisation/Enterprise**

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| **Name of the trainee:** |

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

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

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

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| --- |
| **Start date and end date of traineeship:**from *[day/month/year]* …………… to *[day/month/year]* …………….**Virtual component** (if applicable): from *[day/month/year]* …………… to *[day/month/year]* ……………. |

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| **Traineeship title:** |

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| **Detailed programme of the traineeship period including tasks carried out by the trainee:** |

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| --- |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):** |

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| --- |
| **Evaluation of the trainee:** |

**Name and signature of the Supervisor at the Receiving Organisation/Enterprise:**

**Date: Stamp:**