**After Mobility**

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| ***TRAINEESHIP CERTIFICATE*** |
| **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 and end of traineeship: from [day/month/year] …………………. to [day/month/year] ………………..** |
| **Detailed programme of the traineeship period including tasks carried out by the trainee:**  |
| **Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):**  |
| **Evaluation of the trainee:**  |
| **Date:** |
| **Name and signature of the responsible person at the receiving organisation/enterprise:** |