**Section to be completed AFTER THE MOBILITY**

#### **TRAINEESHIP CERTIFICATE**

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| --- |
| **Name of the trainee:** |

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| --- |
| **Name of the receiving organisation/enterprise:** |

|  |
| --- |
| **Sector of the receiving organisation/enterprise:**  The list of top-level **NACE sector codes** is available at:  <http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN> |

|  |
| --- |
| **Address of the receiving organisation/enterprise:**  **Street:**  **City:**  **Country:**  **Phone**  **E-mail:**  **website:** |

|  |
| --- |
| **Start and end of the traineeship:**  from *[day/month/year]* ……………. till *[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 (learning outcomes achieved):** |

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

**Date:**

**Name and signature of the responsible person at the receiving organisation/enterprise:**