**Section to be completed AFTER THE MOBILITY**

#### **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:**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> |

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

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| **Start date and end date of physical mobility:** **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:** |

**Date:**

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