**Section to be completed AFTER THE MOBILITY**

#### **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 the traineeship:**  Start *[day/month/year]:*  ……………. in presence  online/home office  End *[day/month/year]* …………….  If the internship had to be started in the home office:  The trainee had to go into quarantine at the beginning of the internship:   no  yes  duration in days: ………..  Start of the internship in presence *[day/month/year]:* ……………. |
|  |

|  |
| --- |
| **Traineeship title:** Working E+xperience |

|  |
| --- |
| **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:**