



**After the Mobility**

|  |
| --- |
| ***Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **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 date and end date of the complete traineeship (incl. virtual component, if applicable): from [day/month/year] …………………. to [day/month/year] ……………….****Start date and end date of physical component: from [day/month/year] …………………. to [day/month/year] ……………….** |
| **Traineeship title:**  |
| **Detailed programme of the traineeship period including tasks carried out by the trainee (including the virtual component, if applicable):**  |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved learning outcomes):**  |
| **Evaluation of the trainee:**  |
| **Date:** |
| **Name and signature of the Supervisor at the Receiving Organisation/Enterprise:** |