**Section to be completed AFTER THE MOBILITY**

**Please note: Handwritten entries will not be accepted!**

#### **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:** |

|  |
| --- |
| **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]:* ……………. |
|  |

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

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| **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:**

**Stamp (not applicable with digital signature):**