



## AFTER THE MOBILITY

### TRAINEESHIP CERTIFICATE BY THE RECEIVING ORGANISATION/ENTERPRISE

Name of the Trainee: \_\_\_\_\_

Name of the Receiving Organisation/Enterprise: \_\_\_\_\_

Start date and end date of traineeship: from (day/month/year) \_\_\_\_\_ to (day/month/year) \_\_\_\_\_

**Detailed programme of the traineeship period including tasks carried out by the trainee:**

**Evaluation of the trainee:**

Date:

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

Signature & Stamp

