



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



EFQM  **AENOR**



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