**AFTER the Mobility (to be completed by the Receiving Organisation/Enterprise)**

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| ***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 date and end date of traineeship: from [day/month/year] ……………. to [day/month/year] ………………..** |
| **Traineeship title:** |
| **Detailed programme of the traineeship period including tasks carried out by the trainee:** |
| **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:** |