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**TRAINEESHIP CERTIFICATE**

*Section to be completed AFTER THE MOBILITY*

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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:** From   /  /20   till   /  /20 |

|  |
| --- |
| **Traineeship tittle:** |

|  |
| --- |
| **Detailed programme of the traineeship, including tasks carried out by the trainee:** |

|  |
| --- |
| **Knowledge, skills (intellectual, practical) and competences acquired (learning outcomes achieved)** |

|  |
| --- |
| **Evaluation of the trainee:** |

|  |
| --- |
| **Additional comments:** |

**Date:**   /  /20

**Name, signature (and stamp) of the responsible person at the receiving organisation/enterprise:**