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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:**       |

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| **Sector of the receiving organisation/enterprise:**       |

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| **Address of the receiving organisation/enterprise** *[street, city, country, phone, e-mail address]***, website:**       |

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| **Start and end of the traineeship:** From   /  /20   till   /  /20    |

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| **Traineeship tittle:**       |

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

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

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| **Evaluation of the trainee:**       |

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| **Additional comments:**        |

**Date:**   /  /20

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