



ERASMUS+ TRAINEESHIP
CERTIFICATE CALL YEAR 2024-2025

REGARDING THE TRAINEE			
LAST NAME(s)		FIRST NAME(s)	
REGARDING the RECEIVING ORGANISATION			
NAME		SECTOR ¹	
ADDRESS	POSTAL CODE	CITY	COUNTRY
RESPONSABLE PERSON NAME ²		RESPONSABLE PERSON EMAIL ²	

¹For the list of top-level NACE sector codes, see [here](#).

²The responsible person in the receiving organisation (supervisor) is responsible for signing the Learning Agreement, supervising the trainee during the traineeship and signing the Traineeship Certificate. It should be the same that signed the Learning Agreement unless his/her position/function has changed.

REGARDING THE TRAINEESHIP PROGRAMME			
PERIOD OF THE TRAINEESHIP	FROM	TO	
TRAINEESHIP TITLE (POSITION)		TOTAL HOURS	

DETAILED PROGRAMME OF THE TRAINEESHIP
<i>(Including tasks/deliverables and associated timing carried out by the trainee)</i>

KNOWLEDGE, SKILLS AND COMPETENCES ACQUIRED	
<i>(Learning outcomes achieved)</i>	
Basic competences	
Generic Competences	
Specific competences	



EVALUATION OF THE TRAINEE

Using the assessment criteria mentioned in the Learning Agreement, please evaluate the trainee's performance

ADDITIONAL COMMENTS

Please add any additional issues that you think might be interesting for trainee, the sending institution or both of them.

Signature and stamp of the receiving
organisation/enterprise

Date