



**ERASMUS+ TRAINEESHIP CERTIFICATE
CALL 2026-2027**

REGARDING THE TRAINEE	
Last name	Name
REGARDING the RECEIVING ORGANISATION /ENTERPRISE	
Name	Sector ¹
Address	City and postal code Country
Responsable person name	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
(Including tasks/deliverables and associated timing carried out by the trainee)

KNOWLEDGE, SKILLS AND COMPETENCES ACQUIRED
(Learning outcomes achieved)

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