**After the Mobility**

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| ***Table D - Traineeship Certificate by the Receiving Organisation*** |
| **Name of the trainee:**       |
| **Name of the Receiving Organisation:**       |
| **Sector of the Receiving Organisation:**       |
| **Address of the Receiving Organisation** [street, city, country, e-mail address]**:**      **website:**       |
| **Start date and end date of physical component: from [day/month/year]**       **to [day/month/year]**      **Start date and end date of the complete traineeship (incl. virtual component, if applicable): from [day/month/year]**       **to [day/month/year]**       |
| **Traineeship title:**       |
| **Detailed programme of the traineeship period including tasks carried out by the trainee (including the virtual component, if applicable):**       |
| **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:**       |