

# Student Mobility for Traineeships

## Traineeship Certificate by Receiving Organisation/Enterprise

Name of the Trainee

Name of the Receiving Organisation

Sector of the Receiving Organisation

Address of the Receiving Organisation  
(street, city, country, phone, email address,  
website):

Start date and end date of the complete  
traineeship  
(incl. virtual component, if applicable):

from (day/month/year):	to (day/month/year):
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Start date and end date of physical  
component (only if it deviates from the  
complete traineeship)

from (day/month/year):	to (day/month/year):
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Traineeship title, Working hours per week

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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 of the Supervisor

Signature of the Supervisor at the  
Receiving Organisation:

Stamp of Receiving Organisation