

**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):

Dates of the  
traineeship:

from (dd/mm/yy)

till (dd/mm/yy)

Traineeship title

Detailed programme of the traineeship  
period including tasks carried out by the  
trainee:

Knowledge, skills and competences  
acquired (achieved Learning Outcomes):

Evaluation of the trainee:

Date

Name of the Supervisor

Signature of the Supervisor at the  
Receiving Organisation:

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Stamp of Receiving Organisation