



## LEARNING AGREEMENT FOR TRAINEESHIPS

### Section to be completed AFTER THE MOBILITY

**TABLE D – Traineeship Certificate by the Receiving Organisation**

**Name of the trainee:**

**Name of the receiving organisation/enterprise:**

**Sector of the receiving organisation/enterprise:**

**Address of the receiving organisation/enterprise** *[street, city, country, phone, e-mail address]*, **website:**

**Start date and end date of the complete traineeship (incl. virtual component, if applicable):**  
from [day/month/year] ..... to [day/month/year] .....

**Start date and end date of physical mobility:**  
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 (to be filled in by the receiving organisation):**

**Date:**

**Name and signature of the supervisor at the receiving organisation:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_