



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: _____