|  |  |
| --- | --- |
|  | **VET Education**  **Learning Agreement form** |

**Section to be completed AFTER THE MOBILITY**

#### TRAINEESHIP CERTIFICATE

|  |
| --- |
| **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 and end of the traineeship:**  from *[day/month/year]* till *[day/month/year]* |

|  |
| --- |
| **Traineeship title:** |

|  |
| --- |
| **Detailed programme of the traineeship period including tasks carried out by the trainee:**  (As stated in the Learning Agreement) |

|  |
| --- |
| **Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):**  (As stated in the Learning Agreement) |

|  |
| --- |
| **Evaluation of the trainee (if any):** |

Name and position of the traineeship coordinator at the host enterprise/organisation:

Signature:

Date:

Logotipo

Descripción generada automáticamenteStamp: