#### **TRAINEESHIP CERTIFICATE/Confirmation of the Placement Period**

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| Name of 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: |
| Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved): |
| Evaluation of the trainee: |

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| **Name and signature of the responsible person at the receiving organisation/enterprise:**Date: *…………………[day/month/year]* ………………………………………………………………………………………………………(Confirmation must be signed within maximum of five (5) days before final date of trainee‘s stay) |