**After the Mobility**

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| ***Table D - Traineeship Certificate by the Receiving Institution*** |
| **Name of the trainee:** |
| **Name of the Receiving Institution:** |
| **Sector of the Receiving Institution:** |
| **Address of the Receiving Institution:** [street, city, country, phone, e-mail address]**, website:** |
| **Start date and end date of physical mobility: from [day/month/year] …………………. to [day/month/year] ……………….**  **Start date and end date of the virtual mobility: from [day/month/year] …………………. to [day/month/year] ……………….**  **(number of days in virtual mobility activity) ...................** |
| **Traineeship title:** |
| **Number of ECTS obtained:** |
| **Detailed programme of the traineeship period including tasks carried out by the trainee:** |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):** |
| **Evaluation of the trainee:** |
| **Date:** |
| **Name and signature of the Supervisor at the Receiving Institution with stamp or seal:** |