**TRAINEESHIP CERTIFICATE 2024-2025**

1. **To be completed by trainee**

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| Name of the trainee: |
|  |
| Name of the receiving organisation: |
|  |
| Address of the receiving organisation: |
| *[Street, city, country, phone, e-mail address, website]* |

First day and last day of work at the working place as mentioned on the Grant Agreement:

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|  |
| First day and last day of work at the working place as actually realized: |
|  |
| Traineeship title: |
| *[copy information given above]* |
| Detailed programme of the traineeship period including tasks carried out by the trainee: |
| *[copy information given above]* |
| Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved): |
| *[copy information given above]* |

1. **To be completed by supervisor**

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| Evaluation of the trainee: |
|  |
| Place and date: |
|  |
| Name and signature of the responsible person at the receiving organisation: |
|  |