**After the Mobility**

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| ***Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **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 by the Supervisor at the receiving organization:**  |
| **Date:** |
| **Name and signature of the Supervisor at the Receiving Organisation/Enterprise:** |