**During the Mobility**

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|  | ***Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise***(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise) |
| **Planned period of the mobility: from [month/year]**       **till [month/year]**       |
| **Traineeship title:**       | **Number of working hours per week:**       |
| **Detailed programme of the traineeship period:**       |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)**:       |
| **Monitoring plan:**       |
| **Evaluation plan:**       |

**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 traineeship: from [day/month/year]**       **to [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 (achieved Learning Outcomes):**       |
| **Evaluation of the trainee:**       |
| **Date:**       |
| **Name and signature of the Supervisor at the Receiving Organisation/Enterprise:**       |