**After the Mobility**

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| --- |
| ***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] ………………..**  **Number of working hours:** |
| **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:** |

**Final report**

Instructor:

Internship title:

Receiving organisation/Enterprise:

Trainee:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tick the most appropriate option according to the following scale:  1: Poor; 2: Fair; 3: Good; 4: Very Good; 5: Excellent   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | 4 | 5 | | Student´s degree of adaptability when he/she is doing the internship |  |  |  |  |  | | Work capacity |  |  |  |  |  | | Capacity for learning |  |  |  |  |  | | Capacity for team work |  |  |  |  |  | | Flexibility andability to adapt to change |  |  |  |  |  | | Level of receptiveness to criticism |  |  |  |  |  | | Creativity and Initiative |  |  |  |  |  | | Personal involvement and motivation |  |  |  |  |  | | Quality of work done |  |  |  |  |  | | Final evaluation of internship |  |  |  |  |  | |  |  |  |  |  |  | | Would you recommend to employ the person who has done the internship? |  | | | | |   Additional comments:   |  | | --- | |  |   Date:  Signature of Instructor at the Receiving Institution:  Stamp: |