**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:

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| --- |
|  |

Date: Signature of Instructor at the Receiving Institution:Stamp: |