**After the Mobility**

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| ***Table D - Traineeship Certificate by the Receiving Organisation*** |
| **Name of the trainee:** |
| **Name of the Receiving Organisation:** |
| **Sector of the Receiving Organisation:** |
| **Address of the Receiving Organisation** [street, city, country, 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 component: 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:** |
| **Would you like to accept more trainees from Kaunas University of Technology under Erasmus+ programme in the future?**  **Yes ☐ No ☐** |
| **Would you like to discuss possibilities of the future collaboration with Kaunas University of Technology:**  **Bilateral agreement: Yes ☐ No ☐**  **Lectures: Yes ☐ No ☐ If “yes”, please specify: ….**  **Workshops: Yes ☐ No ☐ If “yes”, please specify: ….**  **Other, please specify: ….** |
| **Date:** |
| **Name and signature of the Supervisor at the Receiving Organisation:** |