**Section to be completed DURING THE MOBILITY**

1. **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)

|  |  |
| --- | --- |
| Traineeship title | Number of working hours per week |
| Detailed programme of the traineeship | |
| Knowledge, skills and competences to be acquired by the end of the traineeship  (expected Learning Outcomes): | |
| Monitoring Plan | |
| Evaluation Plan | |

**Section to be completed AFTER THE MOBILITY**

**TRAINEESHIP CERTIFICATE BY THE RECEIVING ORGANISATION/ ENTERPRISE**

|  |
| --- |
| ***Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **Name of the trainee:** |
| **Name of the Receiving Organisation/Enterprise: ISTITUTO NAUTICO-GALVANI TRIESTE** |
| **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:** |