**After the Mobility**

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| ***Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **Name of the trainee, UČO:**  |
| **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: Stamp:**Traineeship Certificate must be signed within maximum of five (5) days before final date of traineeship |
| **Name and signature of the Supervisor at the Receiving Organisation/Enterprise:** |

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| ***Confirmation on Placement Period from Masaryk University******We confirm that the proposed programme based on trainee’s Learning Agreement for Traineeships was fulfilled and completed.***

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| The trainee will be given recognition of completion of following MU course(s) (course code, course title):  |
| The trainee will be awarded …………. ECTS credits in total |
| Recent Graduate Traineeship will be recorded in the trainee's Europass Mobility Document *(highly recommended)*: Yes [ ]  No [ ]  |

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| **Name and signature of the person responsible at MU (Faculty Placement Guarantor):****Doc. MUDr. Lubomír Křivan, Ph.D.**Date: ………………………………………………………Signature: …………………………………….………………………............................ Stamp: ............................................................... |

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