



LEARNING AGREEMENT for TRAINEESHIPS

Section to be completed AFTER THE MOBILITY
TRAINEESHIP CONFIRMATION

Trainee

First Name(s)

Last Name(s)

Receiving organisation/enterprise

Name of Enterprise

Sector (i.e. Automotive, Fashion...)

Street

Postal Code

City

Country

Website (URL)

Contact Person

First Name(s)

Last Name(s)

Position

Phone

E-Mail

Start and end of the traineeship

from *[day/month/year]* till *[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 (learning outcomes achieved):

Evaluation of the trainee:

Name and signature of the responsible person at the receiving organisation/enterprise:

Responsible Person's Name:

Date Signature Stamp