**WORK PLACEMENT CERTIFICATE**

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| ***To be certified by the Receiving Organisation/Enterprise*** |
| **Name of student/trainee:** |
| **Name of the Receiving Organisation/Enterprise:** |
| **Address and contact information about 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:** (optional) |
| **Description of the work placement period, including main tasks carried out by the trainee and acquired skills:** |
| **Evaluation of the student trainee (TO BE COMPLETED BY SUPERVISOR at the Receiving Organisation/ Enterprise):** |
| **Date:** |
| **Name and signature of the Supervisor at the Receiving Organisation/Enterprise:** |