## DURING THE MOBILITY

***Table A2 - 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.)

**CHANGES TO THE TRAINEESHIP PERIOD**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Planned start date and end date of physical component (minimum 2 months):** | | | | **From**  [day/month/year] |  | **To**  [day/month/year] |  | **Nº of working hours/week:** |  |
| *The start and end date shall be the first day and last day that the trainee needs to be physically present at the Receiving Organisation.* | | | | | | | | | |
| **The traineeship includes a virtual component (optional):** Yes  No | | | | | | | | | |
| If yes: | During the physical mobility period, the trainee will carry out part of the traineeship programme remotely. | | | | | | | | |
|  | The traineeship includes virtual activities to be carried out remotely by the trainee during a specific period before/during/after the physical component: | | | | | | | | |
|  | Planned start and end date of virtual component: | | ***From***  *[day/month/year]* |  | ***To***  *[day/month/year]* |  | **Nº of working hours/week:** |  |
| **Aprox. total number of working hours** | | |  | | | | | | |

**CHANGES TO THE TRAINEESHIP PROGRAMME**

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| **Detailed programme of the traineeship period:** |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)**: |
| **Monitoring plan:** |
| **Evaluation plan:** |

**NEW SUPERVISOR IN THE RECEIVING ORGANISATION/ENTERPRISE**

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| **New supervisor in the receiving organisation/enterprise:**  Name:  Email:  Position: |

**ADDITIONAL COMMENTS**

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| **Trainee**  Name:  Email:  Position: Trainee |  | | |
| Date: |  | Signature |
| **Responsible person in the sending institution:**  Name:  Email:  Position: |  | | |
| Date: |  | Signature |
| **Supervisor in the receiving organisation/enterprise:**  Name:  Email:  Position: |  | | |
| Date: |  | Signature |

*Electronic signatures are accepted on this document and you are encouraged to use these; an electronic signature can be a scanned signature or a locked PDF signature/other form of secure signature.*