## AFTER THE MOBILITY

***Table D - Attendance & Traineeship Certificate by the Receiving Organisation/Enterprise***

*Please fill in this form* ***electronically****.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the trainee** | | |  | | | | | | | | |
| **Name of the Receiving Organisation/Enterprise** | | | | | |  | | | | | |
| **Start date and end date of physical mobility** | | | | | | **From**  [day/month/year] |  | | **To**  [day/month/year] | |  |
| *The start and end date shall be the first day and last day that the trainee needed to be physically present at the Receiving Organisation.* | | | | | | | | | | | |
| **The traineeship included a virtual component** (=traineeship activities carried out by the trainee remotely): Yes  No | | | | | | | | | | | |
| If yes: | The virtual activities to be carried out remotely during the physical mobility period | | | | | | | | | | |
|  | The virtual activities to be carried out in this period during this period before/during/after the physical component: | | | | | | | | | | |
|  | | | Start and end date of virtual component: | | ***From***  *[day/month/year]* |  | | | ***To***  *[day/month/year]* |  |
| **Total number of working hours** | | | | |  | | | | | | |
| **Traineeship title** | |  | | | | | | | | | |
| **Detailed programme of the traineeship (including the virtual component, if applicable):** | | | | | | | | | | | |
| **If applicable, interruption period(s) (including reasons, start and end date),** **any other changes to the traineeship programme:** | | | | | | | | | | | |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved learning outcomes):** | | | | | | | | | | | |
| **Evaluation of the trainee:** | | | | | | | | | | | |
| **Supervisor at the Receiving Organisation/Enterprise:**  Name:  E-Mail:  Position:  Date:  *(Please do not sign the document before the end date of the traineeship.)* | | | | | | | | Signature: | | | |

*Electronic signatures are accepted on this document. An electronic signature can be a scanned signature or a locked PDF signature/other form of secure signature. Once signed, please send by e-mail to* [***practicas.internacionales@uam.es***](mailto:practicas.internacionales@uam.es) ***and to the student****.*

***Tick the most appropriate option according to the following scale:***

***1: Poor; 2: Fair; 3: Good; 4: Very good; 5: Excellent***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fulfilment of obligations** | **1** | **2** | **3** | **4** | **5** |
| Attendance |  |  |  |  |  |
| Fulfilment of the training programme |  |  |  |  |  |
|  | | | | | |
| **Execution of tasks** | **1** | **2** | **3** | **4** | **5** |
| The trainee has carried out the required activities |  |  |  |  |  |
| The trainee has successfully executed the tasks entrusted to him/her |  |  |  |  |  |
| The trainee has improved his/her knowledge in the techniques, tools and methodology that he/she applied during the training period |  |  |  |  |  |
| The trainee has improved his/her professional aptitudes and skills |  |  |  |  |  |
|  | | | | | |
| **Aptitudes** | **1** | **2** | **3** | **4** | **5** |
| Level of integration in the organization |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Responsibility |  |  |  |  |  |
| Creativity |  |  |  |  |  |
| Willingness to learn |  |  |  |  |  |
| Team work |  |  |  |  |  |
| Capacity for learning |  |  |  |  |  |
| Receptivity to criticism |  |  |  |  |  |