**After the Mobility**

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| ***Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **Name of the trainee:** |
| **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:** **Please share your thought based in your observations.**

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| **Please put “X” for the most appropriate answer** | Poor | Below Average | Average | Good | Excellent |
| Particition level |  |  |  |  |  |
| Trustwerthiness |  |  |  |  |  |
| Time management |  |  |  |  |  |
| Cooperativeness  |  |  |  |  |  |
| Eegerness to learn |  |  |  |  |  |
| Teamwork skills |  |  |  |  |  |
| Level of knowledge |  |  |  |  |  |
| Following instructions |  |  |  |  |  |
| Communication skills |  |  |  |  |  |
| Overall paformanee |  |  |  |  |  |

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| What further preparation do you recommend to prepare the student to apply for a position in your company? |
| Would you like to receive another intern from the Anadolu University? | No | YesPlease indicate number:  |
| What other fields would you like to receive trainees ? | No: | Yes:Please indicate fields: |
| Would you like this intership position to be added to the Anadolu University’s database? | No  | Yes |

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|  **Date: ……./………/2017** |
| **Name, signature and stamp of the Supervisor at the Receiving Organisation/Enterprise:** |