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