**Traineeship Certificate**

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| NAME OF THE SENDING INSTITUTION:  Erasmus Code:  School:  Institutional Erasmus Coordinator:  Tel.: + 0351       Fax: + 351       E-mail: |

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| NAME OF THE STUDENT:  Date and place of birth:      Gender:  Training Period: from       till      –       months |

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| NAME OF THE HOST ORGANISATION:  Field of Activity:  Full Address:  Coordinator’s name :  Tel.: +       E-mail: |

| **Please tick the boxes according to evaluation** | | **Excellent** | **Very good** | **Good** | **Average** | | **Week** | **Very week** | **Unacceptable** |
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| **1. Integration into work environment.** | |  |  |  |  | |  |  |  |
| **2. Dynamism and motivation** | |  |  |  |  | |  |  |  |
| **3. Efficiency at work** | |  |  |  |  | |  |  |  |
| **4. Capacity to work abroad and analyze the project /tasks** | |  |  |  |  | |  |  |  |
| **5 . Ability to apply knowledge in the course of the project/tasks** | |  |  |  |  | |  |  |  |
| **6 . Ability to develop new knowledge in the course of the project/tasks** | |  |  |  |  | |  |  |  |
| **7. Flexibility** | |  |  |  |  | |  |  |  |
| **8. Sense of organization** | |  |  |  |  | |  |  |  |
| **9. Teamwork skills** | |  |  |  |  | |  |  |  |
| **10. Ability for (intercultural) communication** | |  |  |  |  | |  |  |  |
| **11. Self-reliance / sense of initiative at work** | |  |  |  |  | |  |  |  |
| **12. Ability to produce an operational report for the organization** | |  |  |  |  | |  |  |  |
| **13. Reliable** | |  |  |  |  | |  |  |  |
| **14. Observance of working rules (attendance, punctuality, safety, …)** | |  |  |  |  | |  |  |  |
| **Duration of the mobility** | **ECTS grading Scale (1)** | | | | | **ECTS Credits** | | | |

(1) see explanation on the back page.

**Further advice or information:**

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| ***What led you to offer student training placements?*** |  |

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| --- | --- | --- | --- | --- |
| ***This training was relevant to your organization?*** | **Yes** |  | **No** |  |
|  |  |  |  |  |
| ***Would you take on this trainee, if you were in a position to recruit a new graduate?*** | **Yes** |  | **No** |  |
|  |  |  |  |  |
| ***Did you find the trainee had any language problem?*** | **Yes** |  | **No** |  |

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| ***Are there any subject areas or skills that need improvement?*** |  |

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| Date: | Signature of the coordinator at the host organization  ……………………………………………… | Stamp: |

NB: This document is not valid without the coordinator’s signature and the official stamp of the organization.

**(1) ECTS grading scale**

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| **ECTS Grade** | **Definition** |
| A | EXCELLENT – outstanding performance with only minor errors |
| B | VERY GOOD – above the average standard but with some errors |
| C | GOOD – generally sound work with a number of notable errors |
| D | SATISFACTORY – fair but with significant shortcomings |
| E | SUFFICIENT – performance meets the minimum criteria |
| F | FAIL – some work required before the credit can be awarded |
| XF | FAIL – considerable further work is required |