**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)

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| --- |
| **Planned period of the mobility**: from [day/month/year] to [day/month/year] |
| **Traineeship title:** … |
| **Number of working hours per week:** … |
| **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:**  … |

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| **Trainee**  Name:  Signature:Date: |

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| **Responsible person at the sending institution**  Name of the responsible person:  Stamp:  Signature: Date: |

|  |
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| **Supervisor at the Receiving Organisation/Enterprise**  Name of the responsible person:  Stamp:  Signature: Date: |