

TRAINEE						
Last name	First name	Date of birth	Nationality	Sex	Study cycle	Field of education

Traineeship title	Number of working hours per week
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Receiving organisation/Enterprise (where/web site/working field)

Detailed programme of the traineeship

Knowledge skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)

Date: _____

Signature: _____