**ERASMUS+ TRAINEESHIP CERTIFICATE**

# I. IDENTIFICATION DETAILS

## The Student

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name (s)** |  | **First name (s)** |  |
| **Contact E-mail** |  | **Academic year** | 20.. / 20.. |

## The Sending Institution

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Brno University of Technology | **Faculty** |  |
| **Erasmus ID** | CZ BRNO01 | **Country** | Czech Republic |

## The Receiving Organization/Enterprise

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Country** |  |
| **Erasmus ID** | if applicable | **Faculty** | if applicable |

**This is to certify that the student has performed a traineeship in our organization within the Erasmus+ programme from DD/MM/YYYY till DD/MM/YYYY**

# II. EVALUATION

**What are the acquired skills, knowledge and competences?**

**What was the language in which the traineeship was performed?**

**What tasks has the trainee accomplished?**

**Has the trainee’s work corresponded to the agreed Traineeship Agreement?**

**Would your organization be willing to cooperate with Brno University of Technology and accept further trainees?**

Date: dd/mm/yyyy

Signature and stamp of the responsible coordinator