



Fundusze Europejskie
Wiedza Edukacja Rozwój

Unia Europejska
Europejski Fundusz Społeczny



TRAINEESHIP COMPLETION FORM

I. PARTICULARS OF THE TRAINEE

NAME(S)	
SURNAME	

II. INFORMATION ON THE TRAINEESHIP AND THE RECEIVING INSTITUTION

TRAINEESHIP PERIOD	
TRAINEESHIP DURATION	Number of days: (minimum of 7 days, maximum of 14 days) Number of hours: (minimum of 20 teaching hours a week)
NAME OF THE INSTITUTION	
COUNTRY	
NAME AND PROFESSIONAL TITLE / ACADEMIC TITLE OF THE TRAINEESHIP COORDINATOR	
POSITION OF THE TRAINEESHIP COORDINATOR	
E-MAIL ADDRESS OF THE TRAINEESHIP COORDINATOR	



Detailed time schedule of the educational traineeship				
No.	Date	Hours (from ... to ...)	No. of teaching hours	Activity / task
In total				

.....
date and signature of the Traineeship Coordinator

.....
date and signature of the Trainee

Position of the Module Coordinator:

Accept Decline

.....
date and signature of the Module Coordinator

Position of the Project Manager:

Accept Decline

.....
date and signature of the Project Manager