**TRAINEESHIP COMPLETION FORM**

1. **PARTICULARS OF THE TRAINEE**

|  |  |
| --- | --- |
| NAME(S) |  |
| SURNAME |  |

1. **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