

ERASMUS+ PROGRAMME

Key Action 1: Learning Mobility Projects for Students

CERTIFICATE OF ATTENDANCE

Duration of the activity:

DATE FROM _____ TO _____

Receiving Organisation: _____

Contact info: _____

We hereby certify that _____

during the above-mentioned period of time has participated in a VET TRAINEESHIP in a working environment.

A description of the VET TRAINEESHIP activities:

Signature:

Place and date

Name and title of person legally authorized to sign at receiving organization/course organiser