 Annex number 2

#### **TRAINEESHIP CERTIFICATE**

1. **Name, address and period**

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| **Name of the trainee:****Date and place of birth:** |

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| **Name of the receiving organisation:** |

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| **Sector/hospital ward of the receiving organisation:****1…..****2…..****…………** |

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| --- |
| **Address of the receiving organisation:** **website: phone/email :** |

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| **Start and end of the traineeship:**from *[day/month/year]* ………………………… till *[day/month/year]……….*…………… |

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| **II. Detailed programme of the traineeship period:** |

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| **III. Knowledge, skills (intellectual and practical) and competences achieved:** |

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| 1. **Evaluation of the trainee:**
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1. **Name and signature of the responsible person**

**at the receiving organisation:**

Date:

Stamp: