**During the Mobility**

|  |  |
| --- | --- |
|  | ***Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise***(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise) |
| **Planned period of the mobility: from [day/month/year] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ till [day/month/year] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****If applicable, planned period(s) of the virtual mobility: from [month/year] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to [month/year] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name of the Trainee:** |
| **Traineeship title:**  | **Number of working hours per week:**  |
| **Detailed programme of the traineeship period:** |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)**: |
| **Monitoring plan:** |
| **Evaluation plan:** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date, Signature Trainee Date, Signature Supervisor at the Receiving Institution**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date, Signature Responsible person at the Sending Institution**