**During the Mobility**

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| --- | --- | --- |
|  | ***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:** | | |

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

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