# TRAINEESHIP CERTIFICATE

**NAME OF THE TRAINEE:** Klikněte sem a zadejte text.

**NAME OF THE RECEIVING ORGANISATION/ENTERPRISE:** Klikněte sem a zadejte text.

**SECTOR OF THE RECEIVING ORGANISATION/ENTERPRISE:** Klikněte sem a zadejte text.

**ADDRESS OF THE RECEIVING ORGANISATION/ENTERPRISE:**

Klikněte sem a zadejte text.

**START AND END OF THE TRAINEESHIP:**

from Klikněte sem a zadejte text.

till Klikněte sem a zadejte text.

**TRAINEESHIP TITLE:** Klikněte sem a zadejte text.

**DETAILED PROGRAMME OF THE TRAINEESHIP PERIOD INCLUDING TASKS CARRIED OUT BY THE TRAINEE:**

Klikněte sem a zadejte text.

**KNOWLEDGE, SKILLS (INTELLECTUAL AND PRACTICAL) AND COMPETENCES ACQUIRED (LEARNING OUTCOMES ACHIEVED):** Klikněte sem a zadejte text.

**EVALUATION OF THE TRAINEE:** Klikněte sem a zadejte text.

**Date:** Klikněte sem a zadejte text.

**Name and signature of the responsible person at the receiving organisation/enterprise:**