

**Certificate of Attendance for Erasmus+ Traineeship 2017/2018**

*(To be completed at the end* *of the Erasmus+ Traineeship abroad)*

*(Name of Student)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Name of Host Organisation)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Address of Host Organisation)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

From **\_\_\_** / **\_\_\_** / 20**\_\_\_** to **\_\_\_** / **\_\_\_** /20**\_\_\_**

Duration of the Traineeship: **\_\_\_\_\_** months **\_\_\_\_\_** weeks

The Traineeship has been completed satisfactorily according to the terms of the student’s Training Agreement: Yes □ No □

Signed: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name and function: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return by post to the International Office, XXXXX or fax to: +353 X1 XXX XXXX​