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**DURING THE MOBILITY**

**Table A2** – Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise[[1]](#footnote-1)

|  |  |
| --- | --- |
| Planned period of the mobility: from [day/month/year] to [day/month/year] | |
| Traineeship title: | Number of working hours per week: |
| Detailed programme of the traineeship period: | |
| Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship  (expected Learning Outcomes): | |
| Monitoring plan: | |
| Evaluation plan: | |

The trainee, the sending institution and the receiving organisation/enterprise confirm by e-mail or signature that the proposed amendments to the mobility programme are approved.

#### **CHANGES OF RESPONSIBLE PERSON(S), if any:**

|  |
| --- |
| **New responsible person in Sending institution:**  Name: Function:  Phone number: E-mail: |

|  |
| --- |
| **New responsible person in Receiving Organisation/Enterprise**:  Name: Function:  Phone number: E-mail: |

|  |  |
| --- | --- |
| **Trainee**  Trainee’s signature | Date: |
| **Sending institution**  Responsible person’s signature | Date: |
| **Receiving Organisation/Enterprise**  Supervisor at the Receiving Organisation signature | Date**:** |

1. 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) [↑](#footnote-ref-1)