# **TRAINEESHIP REPORT**

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| **Name of the trainee:** |  | | |
| **Name of the Company/Institution:** |  | | |
| **Address:** |  | | |
| **VAT Registration Number:** |  | | |
| **Name, surname and function of the legal representative of the company:** |  | | |
| **Name of the person in charge of the trainee (Mentor):** |  | | |
| **Contact person:** | **Name and surname:** |  | |
| **Phone number:** |  | |
| **e-mail address:** |  | |
| **Traineeship title:** |  | | |
| **Programme of the traineeship** *(including tasks carried out by the trainee):* |  | | |
| **Total number of working hours:** |  | | |
| **Start and end date of the traineeship:** |  | | |
| **Evaluation of the trainee**  *(Observation and evaluation of the trainee´s skills gained during the traineeship,  communicativeness, workplace discipline, realization of the project task)* |  | | |
| **Overall rating of the trainee - recommended grade\*:**  **(provided by mentor)** |  | | |
| **Company certification:** | **Name and surname:** | | **Stamp:** |
| **Signature:** | |