

TRAINING PLACEMENT CERTIFICATE

Name of the participant

Personal ID n°

Project N°

Hereby we declare that the above mentioned participant has fulfilled a training placement under the mobility project **NAME OF THE PROJECT**, funded by the European Union Programme for education, training, youth and sport ERASMUS+ within our organization **NAME AND ADDRESS**

The training placement began on **DAY MONTH** and ended on **DAY MONTH YEAR** with an overall length of **X** weeks.

The trainee has fulfilled the proposed work program and has carried out the following tasks:

Attending to (**resume of the activities**)

Name (Tutor)

Position

Telephone

E-mail

Place and date:

(Please, PRINT THIS DOCUMENT IN HEADED PAPER AND FILL THE GAPS in BOLD)