**ERASMUS+ Mobility for Traineeships**

**START/ARRIVAL CERTIFICATE**

Name of the trainee:

Sending university: UNIVERSITY OF PADOVA– I PADOVA01

Host organization:

**We hereby confirm that :** *(Fill in only one of the following boxes)*

1. The traineeship has started in presence in the host organization premises from (dd/mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Only if the trainee partially works off premise/from home in the host Country, specify workplace address of the trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

2. The trainee has arrived in the host Country and started traineeship in virtual mode from (dd/mm/yy): \_\_\_­­­\_\_\_\_\_\_\_

Workplace address of the trainee in the host Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. The traineeship has started in virtual mode from sending Country from (dd/mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace address of the trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the reason for virtual start[[1]](#footnote-2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Trainee Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the Host Organization

Name and Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp

1. It is allowed to start virtually only for reasons related to pandemic.

   In case of virtual activities student has to request for the approval of the sending University tutor [↑](#footnote-ref-2)