**CERTIFICATION OF THE ACTIVITIES AND SKILLS DEVELOPED ON THE WORKPLACE**

Referred to Agreement n° \_\_\_\_\_\_\_ stipulated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAINEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY/ HOSTING PARTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAINING PERIOD: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF THE SKILLS ACQUIRED BY THE END OF THE TRAINEESHIP**

**(expected Learning Outcomes)**

**by the Hosting party**

**Activities and tasks carried out** (to explain in detail all the activities and tasks entrusted to the trainee, the corporate area where he/she worked and the staff he/she interfaced with):

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The trainee has carried out the following activities: ………………………………………………….

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**Technical-professional skills acquired**:

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**Organisational skills acquired** (to explain the several organisational skills developed by the trainee during the performance carried out which are different from the technical-professional ones):

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**IT skills acquired** (to explain the possible IT skills developed by the trainee during the performance carried out which are different from the technical-professional ones):

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**Linguistic skills acquired** (to explain the possible linguistic skills developed by the trainee during the performance carried out which are different from the technical-professional ones):

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**Do you expect to extend the internship experience or to host other trainees?**

* Yes, extension
* Yes, other trainees
* No

**If you answered ‘no’, please explain why not?**

* The bureaucracy for the internship activation is long-lasting;
* Trainees’ lack of motivation and/or poor inclination;
* The company training is demanding;
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the internship been converted into an employment relationship?**

* Yes
* No

**If you answered ‘yes’, please specify the type of employment contract:** …………………………………

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**Notes**

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Faculty mentor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company tutor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Place) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_