**Section to be completed DURING THE MOBILITY**

**Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise**

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

The trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that the proposed amendments to the mobility programme are approved.

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

|  |
| --- |
| **New responsible person in the Sending Institution:**Name: Position: Phone number: Email:  |

|  |
| --- |
| **New responsible person in the Receiving Organisation/EEnterprise**:Name: Position: Phone number: Email:  |

**Signatures**

|  |
| --- |
| **The trainee**Trainee’s signature Date:  |
| **The Sending Institution**Responsible person’s signature Date:  |
| **The Receiving Organisation/Enterprise**Responsible person’s signature Date:  |