**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: |