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AT THE REQUEST OF THE PERSON CONCERNED AND REFERRING TO THE ADMINISTRATIVE ACTS OF THIS ORGANISATION

# **We hereby certify**

* that Mr/Mrs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_), on \_\_\_\_\_\_\_\_\_\_\_\_, has completed an Erasmus Traineeship under the E.U. Lifelong Learning Programme, in the field of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with our Organisation in (indicate place and full address of the Organisation);
* that the duration of the training was of \_\_\_\_ months and went from \_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_.

# Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp of the Institution: