**During the Mobility**

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|  | ***Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise***(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise) |
| **Planned period of the mobility: from [month/year] ……………. till [month/year] …………….** |
| **Traineeship title: …** | **Number of working hours per week: …** |
| **Detailed programme of the traineeship period:** |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)**: |
| **Monitoring plan:** |
| **Evaluation plan:** |
|  |

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

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| **New responsible person in the sending institution:****Name: Function:** **Phone number: E-mail:**  |

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| **New responsible person in the receiving organisation/enterprise:** **Name: Function:** **Phone number: E-mail:**  |