**TRAINEESHIP CERTIFICATE**

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| **Name of the trainee:**  |

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| **Name of the receiving organisation/enterprise:** |

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| **Sector of the receiving organisation/enterprise:** |

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| **Address of the receiving organisation/enterprise, website:** |

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| --- |
| **Start and end of the traineeship:** |

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| **Traineeship title:**  |

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| **Detailed programme of the traineeship period including tasks carried out by the trainee:**  |

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| **Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):** |

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| **Evaluation of the trainee:****After student completes his traineeship, apart from the Traineeship certificate, the host institution will also receive an evaluation and assessment form to be completed and returned to the sending institution.** |

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| **Date:**  |

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| **Name and signature of the responsible person at the receiving organisation/enterprise:** |

**TRAINEE EVALUATION FORM**

*This form is to be completed, printed and signed by the trainee's mentor. Please send the scan of the form with the institution's official stamp to the email address* *erasmus@zvu.hr* *and send the paper copy to the following address: Martina Klanjčić, Erasmus Coordinator, Zdravstveno veleučilište, Mlinarska cesta 38, 10000 Zagreb, Croatia. The Evaluation form is a part of the documentation the student needs to submit at his home institution upon finishing his traineeship period.*

**Trainee’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the receiving institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Please mark the box according to your evaluation** | **Excellent** | **Very Good** | **Good** | **Average** | **Weak** | **Very weak** | **Unacceptable** |
| **1** | Integration into work environment |  |  |  |  |  |  |  |
| **2** | Motivation |  |  |  |  |  |  |  |
| **3** | Ability to apply knowledge in the course of work/tasks |  |  |  |  |  |  |  |
| **4** | Ability to develop new knowledge in the course of work/tasks |  |  |  |  |  |  |  |
| **5** | Analytical skills/problem-solving – analyses problems and takes appropriate action  |  |  |  |  |  |  |  |
| **6** | Ability to follow through with tasks and responsibilities effectively and efficiently |  |  |  |  |  |  |  |
| **7** | Adaptability; able to accommodate change and perform a variety of tasks |  |  |  |  |  |  |  |
| **8** | Flexibility |  |  |  |  |  |  |  |
| **9** | Teamwork skills |  |  |  |  |  |  |  |
| **10** | Ability for (intercultural) communication |  |  |  |  |  |  |  |
| **11** | Sense of organization  |  |  |  |  |  |  |  |
| **12** | Self-reliance and sense of initiative at work |  |  |  |  |  |  |  |
| **13** | Reliability |  |  |  |  |  |  |  |
| **14** | Observance of working rules (attendance,punctuality, safety, etc.) |  |  |  |  |  |  |  |

**What do you consider the major strengths of this trainee?**

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**Are there any areas or skills that need improvement?**

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**What recommendations would you suggest for his/her improvement?**

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**Other comments or recommendations:**

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**What is your overall assessment of the trainee’s performance?**

**□ excellent □ above average □ satisfactory □ below average □ unsatisfactory**

***Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of the mentor: Stamp of the institution:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*NB. This document is not valid without the mentor’s signature and the official stamp of the organisation*