|  |  |  |
| --- | --- | --- |
| Form H - Traineeship certificate by the receiving institution | | |
| Name of the trainee: | |  |
| Name of the receiving institution: | |  |
| Type of receiving institution (National Statistics Office, Central Bank, Other National Authority): | |  |
| Address of the receiving institution (street, city, country, phone, e-mail address, website): | | |
| Start and end date of traineeship: | |  |
| Traineeship title: | | |
| Detailed programme of the traineeship period including tasks carried out by the trainee: | | |
| Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes): | | |
| Evaluation of the trainee: | | |
| Date: |  | |
| Name and signature of the supervisor at the receiving institution: |  | |