



CERTIFICATE OF MOBILITY

International Internship Programme

1. TRAINEE'S PERSONAL DATA

(1) Surname (2) Name (4)

Address (Street, number, postal code, City, Country)

(3)

(5) Date of birth (6) Nationality

dd mm yyyy

(7) Degree currently studying

Photo

2. RELEVANT INSTITUTIONS

Sending Institution

Name

(8) **Universidad de Cantabria (University of Cantabria)**

Address

(9) **Avda. de los Castros, s/n. 39005 Santander (Cantabria) – Spain**

Telephone

(10) **00 34 942 20 0899 / 1038**

Fax

(11) **00 34 942 20 1078**

E-mail

(12) **diazjp@gestion.unican.es / castrog@gestion.unican.es**

Host Institution

Name of the Institution

(13)

Address

(14)

Telephone

(15)

Fax

(16)

E-mail

(17)

3. PROJECT DESCRIPTION

Internship objectives

(18)

Programme

(19)

Beginning of stay

(20)

End of stay

(21)

Amount of hours per week devoted to the internship (22)

4. CAPACITIES AND COMPETENCES ADQUIRED DURING THE INTERNSHIP

Activities / tasks carried out by the trainee

(23)

Technical capacities and competences acquired by the trainee

Language (please refer to appendix):

Language	Understanding		Writing	Speaking skills	
	Listening Comprehension	Reading		Interaction	Capacity
(24)					

Information Technology:

	User	Advanced	Expert
(25) Office Applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design and Web Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social competences:

	Low	Average	High
(26) Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negotiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal competences:

	Low	Average	High
(27) Planning and Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity and adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. REMARKS / OBSERVATIONS

(28)

6. SIGNATURES

Trainee's co-ordinator at Host Institution (*Name and position*)

(29)

Trainee's co-ordinator Signature and Stamp

(30)

Date

(31)
dd mm yyyy