

Holder of the document

1 SURNAME(S)

2 FIRST NAME(S)

3 ADDRESS

4 DATE OF BIRTH

dd	mm	yyyy

5 NATIONALITY

Issuing organisation

6 NAME OF ORGANISATION

7 EUROPASS MOBILITY NUMBER

8 ISSUING DATE

dd	mm	yyyy

Sending partner

9 NAME AND ADDRESS

10 STAMP AND/OR SIGNATURE

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11 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON / MENTOR

12 TELEPHONE

13 TITLE/POSITION

14 E-MAIL

Host partner

15 NAME AND ADDRESS

16 STAMP AND/OR SIGNATURE

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17 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON / MENTOR

18 TELEPHONE

19 TITLE/POSITION

20 E-MAIL

Description of the mobility experience

21 OBJECTIVE OF THE MOBILITY EXPERIENCE

22 EDUCATION OR TRAINING INITIATIVE IN THE COURSE OF WHICH THE MOBILITY EXPERIENCE WAS COMPLETED

23 COMMUNITY OR MOBILITY PROGRAMME INVOLVED

DURATION OF THE EUROPASS MOBILITY EXPERIENCE

24 FROM 25 TO
dd mm yyyy dd mm yyyy

Skills acquired during the mobility experience

26A ACTIVITIES/TASKS CARRIED OUT

27A JOB-RELATED SKILLS

28A LANGUAGE SKILLS

29A COMPUTER SKILLS

30A COMMUNICATION SKILLS

31A ORGANISATIONAL / MANAGERIAL SKILLS

32A OTHER SKILLS

33A DATE

dd mm yyyy

34A SIGNATURE OF THE
REFERENCE PERSON/MENTOR

35A SIGNATURE OF THE HOLDER