



Lycée  
**GUSTAVE  
 EIFFEL**  
 Bordeaux  
 Aquitaine

143 Cours de la marne – CS 31237 - 33074

BORDEAUX Cedex

☎ 0033 (0)5 56 33 83 16



## ATTESTATION D'ARRIVEE EN ENTREPRISE CONFIRMATION OF ARRIVAL IN THE COMPANY

I, the Undersigned Mr, Mrs.....

(name and surname)

Job Position.....

☎ : ..... E-Mail : .....

certify that Mr, Mrs, .....

(name and surname of the participant)

has undertaken a mobility activity in form of a VET traineeship (vocational education and training only) and has begun his/her traineeship the.....

The purpose of which being

(please specify briefly the aims of the mobility activity)

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The mobility activity has taken place at

(name and address of the host organization and/or the location of the activity if applicable)

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 .....

SIGNATURE of THE CONTACT PERSON FROM THE HOST ORGANISATION

STAMP OF THE FIRM

DATE: .....





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**ATTESTATION MENSUELLE DE PRESENCE EN ENTREPRISE**  
**MONTHLY CERTIFICATE OF ATTENDANCE IN THE COMPANY**  
**Premier Mois /First Month**

I, the Undersigned Mr, Mrs .....  
(name and surname)

Job Position .....

☎ : ..... E-Mail : .....

certify that Mr, Mrs,.....  
(name and surname of the participant)

has undertaken a mobility activity in form of a VET traineeship (vocational education and training only)

The purpose of which being  
(please specify briefly the aims of the mobility activity)  
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The mobility activity has taken place at  
(name and address of the host organization and/or the location of the activity if applicable)  
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From ..... to .....(included)  
(specify the starting and end date of the activity)

SIGNATURE of THE CONTACT PERSON FROM THE HOST ORGANISATION

STAMP OF THE FIRM

DATE: .....



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**ATTESTATION MENSUELLE DE PRESENCE EN ENTREPRISE**  
**MONTHLY CERTIFICATE OF ATTENDANCE IN THE COMPANY**

**Deuxième Mois /Second Month**

I, the Undersigned Mr, Mrs .....

(name and surname)

Job Position .....

☎ : ..... E-Mail : .....

certify that Mr, Mrs, .....

(name and surname of the participant)

has undertaken a mobility activity in form of a VET traineeship (vocational education and training only)

The purpose of which being

(please specify briefly the aims of the mobility activity)

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The mobility activity has taken place at

(name and address of the host organization and/or the location of the activity if applicable)

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.....

From ..... to .....(included)

(specify the starting and end date of the activity)

SIGNATURE of THE CONTACT PERSON FROM THE HOST ORGANISATION

STAMP OF THE FIRM

DATE: .....



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**ATTESTATION MENSUELLE DE PRESENCE EN ENTREPRISE**  
**MONTHLY CERTIFICATE OF ATTENDANCE IN THE COMPANY**

**Troisième Mois /Third Month**

I, the Undersigned Mr, Mrs .....

(name and surname)

Job Position .....

☎ : ..... E-Mail : .....

certify that Mr, Mrs, .....

(name and surname of the participant)

has undertaken a mobility activity in form of a VET traineeship (vocational education and training only)

The purpose of which being

(please specify briefly the aims of the mobility activity)

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The mobility activity has taken place at

(name and address of the host organization and/or the location of the activity if applicable)

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From ..... to .....(included)

(specify the starting and end date of the activity)

SIGNATURE of THE CONTACT PERSON FROM THE HOST ORGANISATION

STAMP OF THE FIRM

DATE: .....





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**ATTESTATION MENSUELLE DE PRESENCE EN ENTREPRISE**  
**MONTHLY CERTIFICATE OF ATTENDANCE IN THE COMPANY**  
**Quatrième Mois /Fourth Month**

I, the Undersigned Mr, Mrs .....  
(name and surname)

Job Position .....

☎ : ..... E-Mail : .....

certify that Mr, Mrs, .....  
(name and surname of the participant)

has undertaken a mobility activity in form of a VET traineeship (vocational education and training only)

The purpose of which being

(please specify briefly the aims of the mobility activity)

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The mobility activity has taken place at

(name and address of the host organization and/or the location of the activity if applicable)

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.....

From ..... to ..... (included)

(specify the starting and end date of the activity)

SIGNATURE of THE CONTACT PERSON FROM THE HOST ORGANISATION

STAMP OF THE FIRM

DATE: .....



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**ATTESTATION MENSUELLE DE PRESENCE EN ENTREPRISE**  
**MONTHLY CERTIFICATE OF ATTENDANCE IN THE COMPANY**  
**Cinquième Mois /Fith Month**

I, the Undersigned Mr, Mrs .....  
(name and surname)

Job Position .....

☎ : ..... E-Mail : .....

certify that Mr, Mrs,.....  
(name and surname of the participant)

has undertaken a mobility activity in form of a VET traineeship (vocational education and training only)

The purpose of which being  
(please specify briefly the aims of the mobility activity)  
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The mobility activity has taken place at  
(name and address of the host organization and/or the location of the activity if applicable)  
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.....

From ..... to .....(included)  
(specify the starting and end date of the activity)

SIGNATURE of THE CONTACT PERSON FROM THE HOST ORGANISATION

STAMP OF THE FIRM

DATE: .....



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**ATTESTATION MENSUELLE DE PRESENCE EN ENTREPRISE**  
**MONTHLY CERTIFICATE OF ATTENDANCE IN THE COMPANY**  
**Sixième Mois /Sixth Month**

I, the Undersigned Mr, Mrs .....

(name and surname)

Job Position .....

☎ : ..... E-Mail : .....

certify that Mr, Mrs, .....

(name and surname of the participant)

has undertaken a mobility activity in form of a VET traineeship (vocational education and training only)

The purpose of which being

(please specify briefly the aims of the mobility activity)

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The mobility activity has taken place at

(name and address of the host organization and/or the location of the activity if applicable)

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.....

From ..... to .....(included)

(specify the starting and end date of the activity)

SIGNATURE of THE CONTACT PERSON FROM THE HOST ORGANISATION

.....  
.....  
.....

STAMP OF THE FIRM

DATE: .....



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## ATTESTATION DE FIN DE STAGE CONFIRMATION OF TRAINING PERIOD

I, the Undersigned Mr, Mrs .....

(name and surname)

Job Position .....

☎ : ..... E-Mail : .....

certify that Mr, Mrs, .....

(name and surname of the participant)

has undertaken a mobility activity in form of a VET traineeship (vocational education and training only)

The purpose of which being

(please specify briefly the aims of the mobility activity)

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.....

The mobility activity has taken place at

(name and address of the host organization and/or the location of the activity if applicable)

.....

.....

.....

.....

.....

.....

From ..... to ..... (included)

(specify the starting and end date of the activity)

SIGNATURE of THE CONTACT PERSON FROM THE HOST ORGANISATION

STAMP OF THE FIRM

DATE: .....





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Name of the Company.....

Address .....

.....

Person of Contact .....

Phone : ..... E-Mail : .....

**SURVEY**

Training Period of.....

**R**eferring to the above mentioned subject, we would like to thank your company for your kind co-operation in our European Training Period Programme. As it is ending now we should be grateful to have your impressions, so that we can improve and develop this type of work-placement.

We would be pleased having your assistance in answering this questionnaire:

- Do you intend taking a new trainee ?       YES       NO
  - Same educational background
  - Different educational background     In which line of business ? (Accountancy, business, sales...)

|                               |  |
|-------------------------------|--|
| Training period starting at : |  |
| Duration of training period : |  |
| Comments :                    |  |
| Signature                     |  |

