

Description of the Mobility experience

21 OBJECTIVE OF THE MOBILITY EXPERIENCE *

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

23 COMMUNITY OR MOBILITY PROGRAMME INVOLVED

DURATION OF THE MOBILITY EXPERIENCE

24 FROM *

dd/mm/yyyy

20 TO *

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 ORGANISATIONAL / MANAGERIAL SKILLS

31A COMMUNICATION SKILLS

32A OTHER SKILLS

33A DATE *

____ | ____ | ____
dd mm yyyy

34A SIGNATURE OF THE REFERENCE
PERSON/MENTOR *

35A SIGNATURE OF THE HOLDER

* Headings marked with an asterisk are mandatory.