

EUROPASS MOBILITY

1. This Europass Mobility document is awarded to					
	Surname(s)	First name(s)		Photograph	
(1)(*)		(2)(*)	(4)		
	Address (house number, street nam	ne, postcode, city, country)			
(3)					
(-)	Date of birth		Signature of	the holder	
(5)	(6)	(7)			
	dd mm yyyy				
		NB : Headings marked with an asterisk are mai	ndatory.		

2. THIS EUROPASS MOBILITY DOCUMENT IS ISSUED BY						
	Name of the issuing organisation					
(8)(*)						
	Europass Mobility number		Issuin	g date		
(9)(*)		(10)(*)				
			dd	mm	уууу	-
NB : Headings marked with an asterisk are mandatory.						

Explanatory note

Europass Mobility is a standard European document, which records details of the contents and the results - in terms of skills and competences or of academic achievements - of a period that a person of whatever age, educational level and occupational status has spent in another European country (UE/EFTA/EEA and candidate countries) for learning purposes.

The Europass Mobility was established by the decision No 2241/2004/EC of the European Parliament and of the Council of 15 December 2004 on a single Community framework for the transparency of qualifications and competences (Europass).

For more information on Europass, including on the Europass curriculum vitae and the Europass language Passport: http://europass.cedefop.europa.eu © European Communities 2004

3. THE PARTNER ORGANISATIONS OF THE EUROPASS MOBILITY EXPERIENCE (NO) ARE						
SENDING PARTNER (organisation initiating the mobility experience in the country of origin)						
	Name, type (if relevant faculty/department) and address		Stamp and/or signature			
(11) (*)	Berufskolleg Ahlen des Kreises Warendorf	(12) (*)				
	Im Pattenmeicheln 12					
	D – 59229 Ahlen					
L	Company (a) and first name (a) of reference percentmenter	J				
	Surname(s) and first name(s) of reference person/mentor (if relevant of ECTS departmental coordinator)		Title/position			
(13) (*)	Susanne Drees	(14)	OStR'			
	Telephone		E-mail			
(15)	0049-2382-98240	(16)	drees-fleuter@t-online.de			
	HOST PARTNER (organisation receiving the holder of the	Europas	s Mobility document in the host country)			
	Name, type (if relevant faculty/department) and address		Stamp and/or signature			
(17) (*)		(18) (*)				
	Surname(s) and first name(s) of reference person/mentor (if relevant of ECTS departmental coordinator)		Title/penition			
(19) (*)	(If relevant of ECTS departmental coordinator)	(20)	Title/position			
(10)()		[20]				
(21)	Telephone	7 (22)	E-mail			
(21)		(22)				
	NB : This table is not valid without the stamps of the two pa					
	persons/mentors. Headings mark	ked with an	asterisk are mandatory.			
	4. DESCRIPTION OF THE EUROP	PASS MOF	RII ITV EYPERIENCE (NO)			
	Objective of the Europass Mobility experience	AUG II.U	TETT EXICIOE (NO)			
(23)(*)	Objective of the Europass Wooding experience					
(24)	Initiative during which the Europass Mobility experience is compl	Initiative during which the Europass Mobility experience is completed, if applicable				
(24)						
	Qualification (certificate, diploma or degree) to which the education	on or traini	ng leads, if any			
(25)						
	Community or mobility programme involved, if any					
(26)	Ostimicany St. mostny programma and any st.					
L	D. C. of the Course Mark With a propriate					
(27) (*)	Duration of the Europass Mobility experience From (28) (*) To					
(21) ()	From (28) (*) To (dd mm yyyy	dd mi	nm yyyy			
	NB : Headings marked with an asterisk are mandatory.					

	5.A DESCRIPTION OF SKI	LLS AND COMPETENCES ACQUIRED DURING T	HE EUROPASS MOBILITY EXPERIENCE (NO)
(29a)(*)	Activities/tasks carried out		
(30a)	Job-related skills and compete	nces acquired	
(31a)	Language skills and competer	ces acquired (if not included under 'Job-related sl	kills and competences')
(32a)	Computer skills and competer	ces acquired (if not included under 'Job-related sk	xills and competences')
(33a)	Organisational skills and comp	etences acquired (if not included under 'Job-relate	ed skills and competences')
(34a)	·	acquired (if not included under 'Job-related skills	and competences')
(35a)	Other skills and competences	acquired	
(36a)(*)	Date (37a)(Signature of the reference person/mentor *)	Signature of the holder
	dd mm yyyy NB : This table is not valid w	ithout the signatures of the reference person/menton Headings marked with an asterisk are man	