Stamp of the working establishment

. . . . . . . . . . . . . . . . . . ., date: . . . . . . . . . . . . . . . . . . . . . . .

Reference number . . . . . . . . . . . . . . . . . . . .

**CERTIFICATE**

It is hereby certified that Mr/Ms……………………………………born……………………in…………………

was employed in ……………………………………………………………………………………….……from ………….to……………………as ………… working *on drawing up the following projects/ on implementation of the following buildings* \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | List of the buildings:  names and addresses | Cubature (area) or other technical or functional parameters of the building, appropriate to the applied specialty of building qualifications | Characteristics and construction of the building  List of particular works | Practice time (start and end date) | Type of works done  Technical function of the trainee |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

General evaluation of theoretical and practical knowledge of the profession provided by the supervisor of the traineeship:

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

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

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

Name and surname, number and scope of building qualifications: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

Technical function of the practice supervisor: designer / construction manager / works manager\*

………………..................

(stamp)

Confirmation of the employment by the manager of the unit where the traineeship took place, with specification of the type of agreement and working hours of the trainee: . . . . . . . . . . . . . . . . . . . . . . . . .

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

………………..................

(stamp)

……………………...……………………………..………………

(place, date and signature of the person issuing the certificate)

\* delete as appropriate