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| **Company details**  |
| Company name: |  |
| Contact details of contact person in company: | *First and last name, e-mail address, telephone number*  |
| Address:  | *Street name , postal code, city* |
| Country: |  |

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| **Internship information** |
| Starting date (dd/mm/yyyy): |  | Ending date (dd/mm/yyyy): |  |
| Number of weeks: |  | Working hours per week:  |  |
| Job description and tasks during the internship: |
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**Employer’s confirmation**

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| **Data of Intern** |
| Last Name: |  |
| First name: |  |
| Student ID Number: |  |
| Bachelor’s Program: |  |
| Home country: | *IBW students: please note that you may not complete your internship in your home country.* |

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| Date |  |
| Signature of employer |  |