Place of internship verification form

|  |  |
| --- | --- |
| Name of the company/organisation... |  |
| Characteristics of the company/organisation (organisational structure, scope of activities) - short description  |  |
| Infrastructure/equipment in the place of internship – short description  |  |
| Is it possible to implement an internship programme? | **yes/no**  |
| Is it possible to provide the internship supervisor for the student in the company/organisation? | **yes/no**  |
| Is it possible to conduct an inspection of the company/organisation by the university? | **yes/no**  |
| Is the company/organisation able to ensure suitable OHS conditions during the internship?  | **yes/no**  |
| The requirements of the company/organisation related to the internship (formal requirements, accident insurance, third-party liability insurance, sanitary-epidemiological booklet, etc.). |  |
| Other remarks  |  |

………………………………………………………

*first name, last name and position of the person completing the document on behalf of the potential place of internship*

Decision on the acceptance of the aforementioned company as an internship site:

……………………………………………………………………………………………………………………………………………………………………………………………………

…………………………… …………………………

Internship manager substantive supervisor of internship