**INTERNSHIP ORGANIZATION DECLARATION**

**The declaration must be submitted for approval to the University Internship Supervisor before the commencement of the internship.**

**The University Internship Supervisor shall indicate the required form of submission of this declaration** (acceptable forms: original hard copy, scanned copy sent by e-mail, file uploaded to Moodle).

**Name and surname of THE UNIVERSITY’S INTERNSHIP SUPERVISOR……………………………..**

**TO BE COMPLETED BY THE STUDENT** (mark with an X or enter the data)

|  |  |
| --- | --- |
| **student’s name and surname** |  |
| **student ID number**  |  |  **year of study**  |  |
| **study mode** |  Full time |  | Part time |  **field of study** |  |
| **study level** | first degree cycle program | second degree cycle program | uniform master studies |
| **specialization** |  |
| **email address** |  | **contact number**  |  |
| **Planned internship period** | from | to | **number of internship teaching hours** |  |

# STUDENT’S DECLARATION ON INSURANCE DURING THE INTERNSHIP

1. I herby declare that during the internship I am insured against:
* accidents (personal accident insurance),
* civil liability (third-party liability insurance).

with the Insurance Company: ..............................................................................................................

policy number: ………………………………………………………………………………….

1. I undertake to present the original insurance contract (policy) upon request of the University or the Host Institution.

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

Date and student’s signature

**TO BE COMPLETED BY THE EMPLOYER / Host Institution** (mark with an X or fill in)

|  |  |
| --- | --- |
| **Ful name** |  |
| **Address:** street, building/flat number, postal code, city/town |  |
| **TIN number** |    |
| **Details of the person authorized to represent the employer:** |
| **Name and surname** |   | **position** |   |
| **Has the employer already been selected as a place for student internships** | YES | NO | Notes: |
| **Details of the Internship Supervisor\*** |
| Name and surname |   | **position** |   |
| **Contact number** |   | **e-mail**  |   |
| **Level of education** | Master’s degree | Bachelor’s degree (BA/BSc/Eng.) | other – (please name) ……………………………………….. |
| **Work experience** | Up to 3 years | 3-5 years | More than 5 years |
| **Internship Supervisor’s experience in working with students** | YES | NO | Notes: |

We hereby consent to accept a student of the University of Lower Silesia (DSW) in Wrocław for an internship and declare that:

* We have read and undertake to comply with the Internship Programme and Regulations (annex).
* We are an entity/employer providing the trainee with an opportunity to develop competences consistent with the learning outcomes of the indicated fields of study.
* We have the infrastructure and will provide the equipment necessary for the proper implementation of the internship.
* We have an adequate number of Internship Supervisors in relation to the number of students admitted.
* We consent to the internship being observed (supervised) by the University Internship Supervisor.

…………………………………………………………………………………..…............................................

 (date, signature and seal of the authorized person to represent the employer)

**I give / do not give my consent to the implementation of the internship in the above-mentioned company on the basis of the above declaration.**

………………………………………………............................................

 **(signature of the University internship supervisor)**