**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).

**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: | |

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

☐ I have read and undertake to comply with the Internship Programme and Regulations (annex).

☐ I am an entity/employer providing the trainee with an opportunity to develop competences consistent with the learning outcomes of the indicated fields of study.

☐ The profile of my activity is consistent with the field of study indicated by the student.

☐ I have the infrastructure and will provide the equipment necessary for the proper implementation of the internship.

☐ I have an adequate number of Internship Supervisors in relation to the number of students admitted.

☐ I will ensure that the Internship Supervisors possess the appropriate competences to perform this role.

☐ I 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)**

Annexes:

Internship Programme and Regulations: <https://bip.dsw.edu.pl/artykuly/regulaminy-praktyk-studenckich-na-kierunkach-studiow-wyzszych>