**INTERNSHIP PROGRAMME**

**A. Basic information**

|  |  |
| --- | --- |
| Name of intern |  |
| Name of the external entity |  |
| Anticipated placement location |  |
| Name and position of the anticipated internship supervisor |  |

**B. Information about the internship**

|  |  |  |
| --- | --- | --- |
| Anticipated internship period | from: |  |
| to: |  |
| Total scheduled numer of clock hours of internship |  |
| Anticipated range of activities to be performed by the intern during the internship |  |

……………………………………………

(intern’s singature)

……………………………………………

(authorised representative of the external entity’s signature)

I APPROVE/DO NOT APPROVE THE INTERNSHIP PROGRAMME

………………………………………………………….

(date and the signature)