………………………………………………………

Provider of Internship (Stamp)

Validation of Internship

Student’s name and surname: Year:

………………………………………………………………………… ……………………

Date of birth: …………………………………………………



 of

Employment from: to:

Completed hours of work: ………………………

Employment in the following areas of work:

As a result of the traineeship, the student has acquired the following skills and insights:

* Social and personal skills
* Correct behaviour towards colleagues and superiors
* Professional expertise
* Understanding of the operational and organisational structure of the business
* Insight into interpersonal relations

……………………………………, on …………………… ………………………………………………………

 Signature: Evaluator / Job title