**TRAINEESHIP REGISTRATION FORM**

**Study programme:** ...................................................................................................................

**Student**

First name and surname: ……....................................................................................................

E-mail: …………………….......................................................................................................

Phone: ………………………....................................................................................................

**THE AIM OF THE TRAINEESHIP** (3 main activities for the practical implementation of previously acquired knowledge, skills and attitudes based on learning outcomes of the traineeship)

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**HOST ORGANISATION**

Name: ........................................................................................................................................

Time of being on the traineeship: ...............................................................................................

Amount of the traineeship (hours): .............................................................................................

**The supervisor´s information:**

First name and surname: ............................................................................................................

Position: .....................................................................................................................................

E-mail: .......................................................................................................................................

Phone: ........................................................................................................................................

**TRAINEESHIP SCHEDULE (detailed schedule of the traineeship activities and estimated results)**

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**SIGNATURES:**

Supervisor: .................................................................................................................................

Student: ......................................................................................................................................

**APPROVAL**

**University-based traineeship supervisor**

First name and surname: ............................................................................................................

Signature: ...................................................................................................................................

Date: ..........................................................................................................................................