**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:................................................................................