**Appendix No.8 to the Regulations of participation in the project and participation in the paid professional internships**

**INTERNSHIP APPLICATION FORM**

We hereby declare our willingness to participate in the programme of internships within the Project ***You study – You practice II. Internship programme for students of the Faculty of Veterinary Medicine and Animal Sciences of Poznań University of Life Sciences,*** designedfor students of Poznań University of Life Sciences.

|  |  |
| --- | --- |
| **NAME AND ADDRESS OF EMPLOYER:** | |
| …………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………… | |
| **CORE BUSINESS:** | |
| ………………………………………………………………………………………………………………………………………………..……………… | |
| **NUMBER OF PLACES OFFERED 160-HOUR INTERNSHIPS:** | ……………..………………………………..................... |
| **PREFERRED DATES OF INTERNSHIPS\* (IN FORMAT DD-MM-YYYY):** | |
| from: ……....….--……........--………..………... to: ……..…...--……….….--………..………... | |
| **PLACE OF INTERNSHIP (ADDRESS):** | |
| ………………………………………………………………………………………………………………………………………………………………… | |
| **REQUIREMENTS FOR THE INTERN\*\* *IF APPLICABLE:*** | |
| ………………………………………………………………………………………………………………………………………………………………… | |
| **SHORT INTERNSHIP PROGRAMME:** | |
| ………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………………………… | |
| If you choose our internships offer we commit to implement them in accordance with these declarations. | |
|  |  |
| *………………………………………………………………..*  *PLACE AND DATE* | *………………………………………………………………..*  *SIGNATURE AND COMPANY SEAL OF EMPLOYER* |

**\***Implementation of internships may not exceed the dates: **01.11.2018-31.10.2020.**

\*\*The required professional qualifications, permissions (eg. driving license), knowledge of foreign languages, etc.