

**UNIVERSITY OF FENERBAHCE
VOCATIONAL SCHOOL OF HEALTH SERVICES
ANNEX 2
INTERNSHIP APPLICATION AND ACCEPTANCE FORM**

PHOTO

Our student, who is studying in our faculty and whose identity information is written below, wants to do the compulsory summer internship application in your institution / organization on the specified dates. In accordance with the provisions of Article 87 (e) of the Social Security Law No. 5510, **twenty (20)** working days of “**Work Accident and Occupational Disease Insurance**” premium for the period in which our student will do compulsory internship will be paid by our University in accordance with the law.

Name Surname:

Classroom:

Student Number:

T.R. Identity Number:

SSI Number:

Bağ-Kur Number:

Pension Fund Number:

Address:

GSM:

Semester:...../..... **Education****Semester**

Internship Institution:

Duration (Working Days): **20 days**

Internship Start and End Date:

..... **PROGRAM DIRECTORATE**

I want to do my internship covering **20** working days between the dates specified above. I undertake that if I leave the internship before the end of **20** working days due to any excuse, I will inform the Head of the Program within 2 (two) working days at the latest, otherwise I accept the penal obligations arising in accordance with the Social Security and General Health Insurance Law No. 5510.

I submit the necessary information.

Name Surname:

Signature:

..... **HUMAN RESOURCES DIRECTORATE**

It is appropriate for the Program student whose the identity and school information given above to do compulsory summer internship practice for the specified number of working days in institution.

I would supply/request the necessity for the relevant student to do internship in your institution/organization.

.....
Program Head
Signature

THE AUTHORIZED PERSON APPROVING ON BEHALF OF THE INSTITUTION;

It is appropriate for the student whose name and information are written above to do an internship in our institution for **twenty (20)** working days.

Institution Responsible Name Surname:

Date:

Signature: