

UNIVERSITY OF FENERBAHCE
VOCATIONAL SCHOOL OF HEALTH SERVICES
ANNEX-3
INTERNSHIP
WORKPLACE INFORMATION FORM

Workplace

Name and Title:

Headquarters Branch Number of Employees (Excluding Interns):

(If the number of employees is less than 20, please submit a copy of the Insured Service List of the last month)

Legal Status: Public Private

SSI Registration Number:

Tax Number / TR Identity No:

Workplace Bank Name:

Workplace Bank IBAN No:

Workplace Address: Telephone Number:

E-mail Address:

Contact Person:

T.R. Identity Number

Name Surname

Position

Telephone

Internship Practices in the Business / Institution

T.R. Identity number

Name Surname

DESCRIPTION:

Pursuant to Law No. 6764, if less than 20 employees work in the enterprise where vocational training is received, two-thirds of the minimum minimum wage (30%) that can be paid, and if 20 or more employees work, one-third of the minimum wage that can be paid will be paid to the employer as State contribution. Businesses are responsible for paying the State contribution amount and the amount of the business share to the student's bank account until the 10th day of each month. The state contribution amount is paid to the enterprises on the 25th day of each month.

I accept the penal action and responsibility in case I benefit from the State Contribution to be paid inappropriately due to the incorrect information declared.

Workplace

Stamp and Signature:

*This form will be filled in by the businesses/institutions that pay internship fees to interns