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| **FACULTY OF ENGINEERING**  **INTERNSHIP INFORMATION FORM** | | | |
| **INFORMATION ABOUT THE TRAINEE** | | | | |
| **Name** |  | **Nationality/ Turkish Republic ID No** |  | |
| **Student ID** |  | **Phone No** |  | |
| **Department** |  | **Address** |  | |
| **Internship Course Code** |  |

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| **THE INFORMATION ABOUT THE COMPANY/INSTITUTION** | | | |
| **Name of the Company/Institution** |  | **The Unit where the trainee will work** |  |
| **Sector/Category\*** |  | **Duration of the internship** | ........ workdays |
| **Kind/Field\*\*** |  | **Start date of the internship** | ..... / ..... / 20..... |
| **Address** |  | **End date of the internship** | ..... / ..... / 20..... |
| **I am working somewhere now and have my work insurance.** | Yes ⎕ No ⎕ |

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| I confirm that all the information in this form is true and I declare to do the practice in this company/institution. | **Signature of the trainee** |  |
| **Date** | ..... / ..... / 20..... |

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| --- | --- | --- | --- |
| **This section will be signed by the Department** | | | |
| **Approval of the Department Internship Coordinator** | Signature  ..... / ..... / 20..... | **Does the trainee need to attend the practice on Saturdays?** | Yes ⎕ No ⎕ |

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| \* Does the company /institution operate in private sector or public sector?  \*\* What is the field of activity of the company /institution (informatics, electronics, etc.)?  **ATTACHMENTS:** **1)** Photocopy of ID  **2)** Photocopy of Student ID  **3)** Approval form obtained from the Internship Place **4)** Documents taken from the Social Security Institution concerning the  work insurance. |