**Consent to Internship**

**Internship provider**

Name:

With registered office at:

IČO (Company identification number):

Place of internship:

Supervisor – line manager (name and position):

**Student**

Name and surname:

Study sub-programme/specialisation:

Date of birth:

**Envisaged job description and activities to be performed wtihin the internship:**

**Envisaged time frame of internship:**

Provider´s consent to admission of the student to the internship:

Name: Signature:

Date:

I agree/don´t agree with internship in the company and under the terms and conditions stated above.

Internship administrator´s name: Signature:

Date: