

**CONFIRMATION OF PROFESSIONAL TRAINING**

---

**Type of placement (mark with a cross where applicable):**

- Orientation Internship
- Professional Placement
- Service Learning
- Project Internship

Hereby I confirm that .....born.....  
completed an internship in our educational institution from ..... to  
.....

A total of ..... days was fulfilled by the student. He/she worked an average of ..... hours per week.

Additional comments on working hours/ other comments if applicable:

.....  
.....

The student fell ill during the internship:

Yes ( ) No ( )

If yes, for how long?

.....

Have the missed days been added up for?

Yes ( ) No ( )

..... Date, Signature of the contact person	(Stamp)
--	---------