

ANNEX I

SUPERVISORS

Host supervisor: UDC supervisor:

TO COLLABORATION AGRE			TO OFFER INTERNSHIPS	
I, the undersigned student, he	reby declare my wis	sh to participate in	the Univ	ersity of A Coruña Faculty/School of
	curric	ular/extracurricula	r internsh	ip scheme as part of the University's
education cooperation agreem	, and declare that I have read			
and accepted the terms provide	ed therein.			
STUDENT DETAILS				
NAME AND SURNAME(S):				
ID/PASSPORT:	ADDRESS:	<u> </u>		
TOWN/CITY:	POSTCOD	POSTCODE:		PROVINCE:
TELEPHONE:	EMAIL:	EMAIL:		
DEGREE:				
HOST ORGANISATION DETA	AILS			
		ADDDE CO.		
ID/PASSPORT:		ADDRESS:		
TELEPHONE:		EMAIL:		
INTERNSHIP DETAILS				
Workplace address:				
Start date: Er		nd date:		
Work schedule:	T	otal hours:		ECTS credits:
Grant or study bursary*:	A	mount:		Form of payment: Bank account

* Grant or bursary awarded by host organisation and form of payment (if applicable). Paid internships should comply with Spanish tax and social insurance laws and regulations.



LEARNING AND TRAINING PROJECT

Intern duties		
Specific knowledge require	ements	
Learning and training oppo	ortunities	
Monitoring, assessment ar	nd guidance plan	
relation to all information to give my consent signing the interships of the UDC that i	which I may have access in the counter information document on persons part of the process in the management sign this document in its three counters.	
Host supervisor	Student	UDC supervisor
Signed by:	Signed by:	Signed by:
Position:		Position:
NOTE. This annex should be organisation, and one copy for		copy for the faculty or school, one copy for the host
DEAN/HEAD OF FACULTY	//SCHOOL OF	, UNIVERSITY OF A CORUÑA