

Internship agreement

Name student: _____

Class: _____

Email address: _____

Agrees that he / she * is doing an internship at:

Company name	
Kind of company	
Street and no.	
Postal code	
Place	
Phone and email company	
Contact person during internship	Mr./ Mrs. * phone number: email:
Internship period	Starting date: End date:
Activities	
	taking photos allowed: yes / no *

* delete as appropriate

The internship provider has signed an employer liability insurance. Novalis College assumes that the internship provider ensures that the student complies with the rules of the Working Conditions Act and the guidelines of RIVM that apply in the institution / company.

student (signature):

company (signature):

parent (if student is under 16 years old):