Faculty of Health Sciences

PHYT214 Compulsory Internship Application Form

"……."(The hospital's name should be written here). Department of Physiotherapy and Rehabilitation have applied health insurance for work accident and diseases until the end of the training period. Students who are subject to compulsory internship are obliged to pay premiums by their institutions for their undergraduate education. Below is the information about our student who have been trained for 15 work days. Thank you for your interest, we wish you success in your work.

Paste Picture

STUDENT ADDRESS INFORMATION

Name - Surname		District	
Student Nubmer		Avenue	
Mail Address		Street	
Mobile Phone		Number	
Postal Code		City / Province	

INTERNSHIP INSTITUTION

Name					
Address					
Service Area					
Phone Number			Fax Number		
E-mail Address			Web Address		
Start date of the internship		End Date		Duration(days)	15 WORK DAYS

EMPLOYER OR AUTHORIZATION

Name - Surname			
Job and Title		Signature / Stamp	
E-mail Address			
Date			

STUDENT REGISTERATION INFORMATION

Name - Surname		Registeration Province	
Father Name		City	
Mother Name		District	
Place of Birth		Volume No	
Date of Birth		Family Row No	
Identification Number		Row No	
ID Serial Number		Issuing Register Office	
Insurance Number		Reason of Issue	
Does the Insurance Continue?	Yes ( ) No ( )	Date of Issue	

SIGNATURE OF STUDENT	HEAD OF INTERNSHIP COMMITTEE/ HEAD OF DEPARTMENT	FACULTY / HIGH SCHOOL APPROVAL
I declare that the information on the document is correct, and with my respect, I offer the preparation of the internship documents related to the company which I commit to undertake an internship		Registered for the Social Security Institution was made for the internship.
Date:	Date:	Date: