**Data Sheet and Reception Declaration**

**for Internships**

**A) Reception Declaration for Individual Internships**

**Data of the Student [To be filled in by the student]**

Name:

Neptun ID:

Name, Neptun ID and number of hours of the planned internship:

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Planned date of the internship: from, to (DD/MM/YYYY)

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Short summary of the planned activities during the internship

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**Data of the Intern Supervisor:**

**[To be filled in by the intern supervisor at the receiving organisation]**

Name: ……………………………………………………………………………………………………………………………………………………………………………….

Telephone No (mobile): …………………………………………………………………………………………………………………………………………….

Email address: …………….…………………………………………………………………………………………………………………………………………………..

I hereby agree to supervise the internship of the above-mentioned student.

Date: …………………………………………………………

 signature

**B) Data Requested for the Preparation of the Internship Cooperation Agreement**

**We kindly remind our partners that the internship may only begin once a Cooperation Agreement has been entered into by the University and the partner.[[1]](#footnote-1)**

The following table should be filled in with data from official registers (company register, Hungarian State Treasury Register, court registers etc.).

|  |  |
| --- | --- |
|  | **[To be filled in by the partner]** |
| Name of the partner: |  |
| Seat of the partner: |  |
| Legal representative of the partner: |  |
| Responsible organisational unit: |  |
| Seat of the responsible organisational unit: |  |
| Legal representative of the responsible organisational unit: |  |
| Company register No/registration No/identification No of the partner:: |  |
| Tax No of the partner: |  |
| Bank account No of the partner:: |  |
| The contact person of the partner’s name:address:Telephone No:Email address: |  |
| Place of the internship’s completion (if it differs from the partner’s seat): |  |
| Duration of the cooperation agreement: fixed period, multiple semesters, or indefinite duration: |  |
| Would you be willing to receive students from other programmes at our university for internship purposes? If yes, please specify which areas of study. |  |

I hereby agree to receive the student of Eötvös Loránd University Faculty of Education and Psychology specified in point A), for the purposes of an internship’s completion at the institution/organisation under my management, for the above-mentioned period. supervised by the intern supervisor specified above.

Date:

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 Representative of the Partner

1. With the exceptions provided for in Hungary’s Act CCIV of 2011 on National HIgher Education [↑](#footnote-ref-1)