**ANNEX No 1**



**Workplace survey questionnaire**

**Information about the student who will undergo the internship:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Surname** | **Study program** | **Student no.** |
|  |  |  |  |

**Information on the workplace:**

|  |  |
| --- | --- |
| Name of the workplace |  |
| Address where the internship will be carried out |  |
| Legal entity code |  |
| Activity |  |
| Nature of internationalisation\* |  |
| Number of employees |  |
| Year when the company was established |  |
| Other information deemed relevant by the institution |  |

\*identifies one of the alternatives:

* is (if any – briefly described),
* Not.

**Information about the place of internship:**

|  |  |
| --- | --- |
| Duration of the internship |  |
| The department of the workplace where the internship would be carried out |  |
| Functions performed by the student during the internship (areas of applied competence of the student) |  |
| Duties of the supervisor of internship, education, length of service in the institution |  |
| Name of the supervisor of internship in the workplace |  |
| Phone number of the Internship Supervisor |  |
| E-mail address of the Internship Supervisor |  |

Responsible person in the workplace

(name, surname, position) (signature)