

Form B. Internship Contract

Student

Name	
Class	
Address	
Postal code and place	
Phone number	
E-mail	

Company

Name company	
Name internship supervisor	
Address	
Postal code and place	
Country	
Phone number	
E-mail	

Contact details parents

Name	
Address	
Postal code and place	
Phone number	
E-mail	

Contact details school

Name	RSG Broklede
Address	Schepersweg 6A
Postal code and place	3621JK Breukelen
Country	The Netherlands
Phone number	0031 346 – 258060
E-mail	tto@broklede.nl

Internship details

Internship dates	
Insurance (does the company have insurance for interns)	yes / no
Description of internship form/ tasks	Work experience only – work experience and/ or specific tasks – specific tasks only
Description of internship arrangements (what is the student going to do?)	

Signed by

Breukelen,(date)

Signature student

Signature parent/ guardian

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Signature internship supervisor

Signature TTO coordinator

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