

INTERNATIONAL INTERNSHIP – LUT GRANT APPLICATION

PART 1: Filled in by the student

PERSONAL INFORMATION

First name: _____ **Last Name:** _____

Student ID number: _____ **Finnish social security number:** _____

Gender: Male Female **Nationality:** _____

Phone: _____ **E-mail:** _____

Address: _____

School: LES LENS LBM

Degree programme: _____

Study cycle: Bachelor Master

Total number of completed higher education study years: _____

Number of granted Erasmus+ months in this study cycle: _____

Work/internship language skills at the beginning of the internship

Language: _____

Level: A1 A2 B1 B2 C1 C2 Native

PART 2: Filled in by the organisation OR by the student based on the open internship advertisement

RECEIVING ORGANISATION

Organisation: _____

Department: _____

Address: _____

Number of employees: less than 250 250 or more **Website:** _____

Contact persons (name, position, e-mail and phone number)

Administrative contact person: _____

Mentor of the intern: _____

Signer of the internship agreement: _____

Internship period: _____

Internship title: _____

Number of working hours / week: _____ **Working language:** _____

Detailed programme of the internship period:

Knowledge, skills and competence to be acquired:

Monitoring plan:

Evaluation plan:

Additional information about the internship:

FINANCIAL SUPPORT

The receiving organisation will provide financial support to the intern: Yes No

If yes, amount (EUR/month): _____

The receiving organisation will provide a contribution in kind to the intern: Yes No

If yes, please specify: _____

INSURANCES

We recommend that the receiving organisation will provide at least a liability insurance covering damages caused by the student at the workplace. Accident and health insurances can be taken either by the organisation or the intern.

The receiving organisation will provide a mandatory liability insurance covering damages caused by the student at the workplace for the intern: Yes No

The receiving organisation will provide a mandatory accident insurance for the intern: Yes No

Does the accident insurance cover: accidents during work-related travel Yes No

accidents on the way to and from work Yes No

The receiving organisation will provide a mandatory health insurance for the intern: Yes No

If one or more of the insurances above are not provided by the receiving organisation, please specify the insurance details (insurance company and insurance number) taken by the student. Please note that all three insurances are mandatory. Health insurance can be replaced by European Health Insurance Card.

PART 3: Filled in by the student

APPLICATION INFORMATION

I will apply for:

<input type="checkbox"/> Erasmus+ grant	<input type="checkbox"/> basic internship
	<input type="checkbox"/> recent graduate
	<input type="checkbox"/> student with special needs
	<input type="checkbox"/> student with children
<input type="checkbox"/> Startup Life grant	
<input type="checkbox"/> LUT travel grant	<input type="checkbox"/> for Erasmus+ internship
	<input type="checkbox"/> for other internships, please specify: _____
	<input type="checkbox"/> for Master's thesis project abroad

PART 4: Filled in by the student

BANK ACCOUNT INFORMATION (Finnish bank account required)

Name of the bank account holder: _____

Bank name: _____

Clearing/BIC/SWIFT-number: _____

Account/IBAN number: _____

PART 5: Filled in by the student

ADDITIONAL INFORMATION

Place and date

Signature and print name of the student

Appendixes Transcript of records
 Updated personal study plan