

**Human Resources Management received by HR on ……..…..…….(do not fill in)**

**PO Box 616 | NL 6200 MD Maastricht**

|  |
| --- |
| **Information form for interns** |

|  |  |
| --- | --- |
| Faculty/MUO/Service centre |       |
| Department/Unit |       |
| UM Internship supervisor |       |
| Educational institution intern |       |
| Address of the educational institution |       |
| Postal code |       | City |       |
| Internship supervisor at the educational institution |       | Telephone |       |
| Period of the internship | From |       | To |       | Number of days per week |       |

**Personal particulars (please submit identity document and attach a copy)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and initials |       | Gender\* | [ ]  M [ ]  F |
| First name in full |       | First name by which you are known |       |
| Date of birth |       | Place and country of birth |       |
| Nationality |       | Marital status\* | [ ]  Married[ ]  Single |
| Name of the Bank |       | CSN number |       |
| IBAN/SEPA code\*\* |       | BIC-code\*\* |       |
| **Current address** |       |
| Postal code |       | City |       |
| Country |       |
| **Postal address** |       |
| Postal code |       | City |       |
| Country |       |
| Telephone |       |
| Date |       | Signature |       |

**To be completed by UM internship supervisor/budget holder:**

|  |  |  |  |
| --- | --- | --- | --- |
|  Chairnumber |       | Budget code/order number |       |
|  Signature |       | Date |       |

\* Please tick as appropriate

\*\* If this is a paid internship, please attach a copy of your bank card and IBAN and BIC code are **obliged.**