

**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.**