## Confirmation of Internship Placement

*(Please complete in BLOCK CAPITALS)*

**Student** .....
*Last name, First name* *Class/Year, Tutor Group*

.....
Class teacher / Tutor

The above-named student may complete the company internship from ..... to ..... at our company.

**Company**

.....
*Name of the company*

.....
*Street, Postal Code, City, Country*

.....
*Telephone*

.....
*Email adress*

The person responsible for supervision in the company is Ms./Mr.....,

Department ....., Telephone .....,

Email adress .....

We hereby confirm that we have taken note of the guidelines for conducting student internships in accordance with the Regulation on Career Orientation in Schools (VOBO) – decree of November 13, 2019 – as well as the document „*Datenschutz im Betriebspraktikum für Schülerinnen und Schüler – Verpflichtung zur Verschwiegenheit“.*

..... .....
*Place, Date* *Signature/Position/Comany Stamp*