|  |  |  |
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| **Faculty of**…………… | **(S2)**  **Internship Information Form**  Mimar Sinan Mahallesi Mimar Sinan Bulvarı Eflak Caddesi No:177 16310 Yıldırım/BURSA  Tel: +90 (224) 300 32 38 – Faks: +90 (224) 300 32 39  [oidb@btu.edu.tr](mailto:oidb@btu.edu.tr) – <http://oidb.btu.edu.tr> | PHOTO  (Attached photo is to be approved by Document Registration Office) |

# To whom it may concern,

Insurance of occupational accidents and professional diseases is applied to students who are subject to optional/compulsory internship during their higher education. In accordance with law no. 5510, insurance premium of our students is paid by Bursa Technical University.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STUDENT’S** | | | | | | |
| **Name Surname** |  | | | **Number** | |  |
| **Department** |  | | | **Telephone Number** | |  |
| **E-Mail Address** |  | | |  | | |
| **Contact Address** |  | | | | | |
| INTERNSHIP PLACE’S | | | | | | |
| **Name** |  | | | | | |
| **Address** |  | | | | | |
| **Field of Activity** |  | | | | | |
| **Telephone Number** |  | | | **Fax Number** | |  |
| **E-Mail Address** |  | | | **Web Address** | |  |
| **INTERNSHIP PLACE AUTHORITY’S** | | | | | | |
| **Name Surname** |  | | | **APPROPRIATE for internship at our Institution/ Company** | | |
| **Duty and Title** |  | | | Signature / Seal | | |
| **E-Mail Address** |  | | |
| **Date** |  | | |
| **INTERNSHIP INFORMATION** | | | | | | |
| **Course Code** |  | | | | | **Total Work Days** |
| **Name (if available)** |  | | | | | ….. Work Days |
| **Time Interval** | Between \_\_ / \_\_ / 20 \_\_ and \_\_ / \_\_ / 20 \_\_ | | | | |
| **STUDENT’S IDENTITY REGISTRATION INFORMATION** | | | | | | |
| **Father’s Name** |  | | **Registered Province** | | |  |
| **Mother’s Name** |  | | **Registered Town** | | |  |
| **Place of Birth** |  | | **District- Village** | | |  |
| **Date of Birth** |  | | **Volume/Family/Order No.** | | |  |
| **TR ID Number** |  | | **Issued In** | | |  |
| **ID Card Serial No.** |  | | **Reason of Issue** | | |  |
| **SGK No. (If available)** |  | | **Date of Issue** | | |  |
| **STUDENT’S SIGNATURE** | | **INTERNSHIP COMMISION’s APPROVAL** | | | | **Student Affairs-Internship Office Approval** |
| I acknowledge the accuracy of information on this document and kindly request you to take necessary actions in terms of completion of procedures for my internship process.  **Date:** | | **APPROVED**  **Date:** | | | Internship Start Data have been entered to Social Security Institution.  **Date:** | |

**EXPLANATIONS:**

1-In order to register to the Social Security Institution (SGK) System students are required to apply to Rectorate Internship Bureau of Head of Student Affairs with 3 forms approved by Department Internship Commission and ID Card copies at least 15 days in advance.

2- After the entrance of their insurance to the Social Security Institution (SGK) System, students must submit one copy of Internship Information Form and SGK Insurance Entrance document to Internship Place and their Department Internship Commission