



**REPUBLIC OF TURKEY
YAŞAR UNIVERSITY
MANDATORY INTERNSHIP INFORMATION FORM**

STATEMENT OF THE HOST INSTITUTION (To be filled out by the Institution Officer)

It has been approved that the above-mentioned student can help your organization for ... workdays between .../.../2021 - .../.../2021.

Institution Name			
Institution Address			
Field of Production/Service		Institution Phone Number	
Name and Surname of the Institution Officer		Phone Number and E-mail Address of the Institution Officer	
Institution IBAN Number		Number of Staff Members Employed by the Institution	
Bank Name and Branch		Institution's Bank Account Name	
Subject to the Article 25 of the Vocational Education Law No. 3308 dated 05.06.1986 that require payments for students continuing their vocational education, internship, and complementary training at business institutions under the Article 18 and the Provisional Article 12 of the same law, the student whose information is stated above will be on: Paid internship <input type="checkbox"/> unpaid internship <input type="checkbox"/>	.. / .. / 2021 Signature/ Stamp		

STATEMENT OF THE STUDENT (To be filled out by the Student)

Social Security Status:

1) I am benefitting from healthcare support through my parents' or my spouse's healthcare insurance.

Name & Surname of the Healthcare Insurance Holder:

..... Turkish ID Number of the Healthcare

Insurance Holder:

2) I am under the healthcare coverage of the Social Security Institution.

3) I am paying General Health Insurance premium.

4) I do not have healthcare support since I do not hold social security

P.S.: I will notify the Human Resources Directorate within 3 days following a change to my healthcare security.

I accept and declare that the information herein is accurate, that I will do my internship between the dates stated, that I will inform the Internship Commission of my academic department and the Academic Member therein in charge of internships in case of any change to the internship dates, and that otherwise I will be responsible for any inconveniences.

As per the **Law No. 6698 on Protection of Personal Data**, I accept, declare and guarantee that I have fully read and understood Republic of Turkey Yaşar University's LPPD Information Letter (www.yasar.edu.tr/kvkk), that I give my approval for my personal data including my sensitive personal data that I will submit to Yaşar University to be recorded, classified, processed, stored, and updated through data channels, shared with third parties, transferred nationally and internationally by employer/employer's representative within the requirements of the institution's operating field, and for Republic of Turkey Yaşar University to contact me through the communication channels I have declared.

Student's Name and Surname:

Student's ID Number:

Student's e-mail account and Mobile Number:

Student's Signature

Date: 2021/