



Department of Civil Engineering
PRACTICAL TRAINING APPLICATION FORM

Trainee information		Photo
Full name		
Student ID number		
Practical training type	<input type="checkbox"/> Site <input type="checkbox"/> Office	

Company information where the practical training will take place			
Name			
Address			
Phone number		Fax number	
Web address		E-mail	
Number of civil engineers currently employed by the company		<input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> >10	
Main service areas			

Practical training description and information					
Department					
Description of the work that the trainee will perform					
Start date		End date		Duration*	
*Total duration should be in working days and the total duration of a practical training can not be less than 20 working days.					

The student whose identity is given above will be working as a trainee in our company during the defined period of time. Supervisor/Consultant:		
Title, Full Name, Signature		
Stamp		
Date		

Approval of the...		
TRAINEE	TRAINING COMMITTEE	DIRECTORATE OF HC&S
I declare that all the information provided within this document is true.		Practical training entry to the Social Security Institution has been made.
Date	Date	Date
IMPORTANT NOTE: Two original forms must be prepared, and will be submitted no later than the announced due date to the training committee with 2 photos and a photocopy of identity card.		