|  |  |
| --- | --- |
|  | **Agreement Internship in Swedish Red Cross** |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

**1. Internship**

|  |  |
| --- | --- |
| Organisation Svenska Röda Korset | Department / Unit |
| Address Box 17563, 118 91 STOCKHOLM | Telephone 08-452 46 00 |
| Account (Project / Organistaion) : |  |

**2. Intern**

|  |  |
| --- | --- |
| Name | Date of birth / social security number |
| Address | Postal code and city |
| Telephone | E-mail address |
| Closest relative /significant other | Contact data relative / significant other |

**3. Type of internship**

|  |  |  |  |
| --- | --- | --- | --- |
| High School – (RKUF)............................................... Work internship (with grant)  University  Practical language training  Work internship (without grant)  Samhällstjänst  Other | | | |
|  | | | |
| **Skola/ utbildning/ Arbetsförmedling/ annat ställe variirån praktikanten kommer** | | | |
| Organisation: | Program: |  |  |
| Contact person: | E-mail: |  |  |
| Telephone: | Internship period: |  |  |

**4. Work time**

|  |
| --- |
| Hours / week (full time/ part time): |

|  |
| --- |
|  |

**5. Mentor at Swedih Red Cross**

|  |  |
| --- | --- |
| Name: | E-mail: |

**6. Main tasks during internship**

|  |
| --- |
|  |

**9. Signature**

|  |  |
| --- | --- |
| City       Date: | Ort       den |
| Signature intern | Signature mentor and responsible line manager |