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|  |  **Agreement Internship in Swedish Red Cross**  |
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**1. Internship**

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| --- | --- |
| OrganisationSvenska Röda Korset | Department / Unit |
| AddressBox 17563, 118 91 STOCKHOLM | Telephone08-452 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**

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

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**5. Mentor at Swedih Red Cross**

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

**6. Main tasks during internship**

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**9. Signature**

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