

INTERNSHIP APPLICATION FORM

● **Student's details**

First name and surname: e.g. Jan Kowalski
 Address of residence: e.g., 3 maja Street 11/22, 41-200 Sosnowiec, Poland
 Register number: e.g. 12345
 Mode of study: full-time / ~~part-time~~ *
 Program of study: **Second-cycle**
 Field of study: **MANAGEMENT**
 Specialization: e.g. International Business
 Year of study: e.g. 1, 2, 3
 Semester of study: e.g. 1, 2, 3, 4, 5, 6
 Student's phone number: e.g. +48 123 123 123
 Student's e-mail address: e.g. jan.kowalski@student.ws.edu.pl

● **Internship details**

Duration of the internship from e.g. 01.01.2022 to e.g. 30.01.2022
 Number of internship hours: e.g. 320h, 160h, 120h
 Name and address of the company in which the student intends to undertake the internship:
e.g., Akademia WSB, 3 maja Street 1/2, 41-300 Dąbrowa Górnicza, Poland
 Name of the department / organizational unit where the student will undertake the internship:
e.g. HR department

Stamp of the company / ~~institution~~ / ~~facility~~ *, which initially agreed to the student's undertaking of the student internship program.



I give consent to the processing of my personal data for the purpose of undertaking the internship and I declare that I have read the content of the information clause on the processing of personal data for the purpose of the student internship.

●

 Student's signature

*delete as applicable

After completing the internship

<i>I acknowledge the completion of Internship I, II, III</i>	<i>I do not acknowledge the completion of Internship I, II, III</i>
..... (date) (signature of the Rector's Proxy for Student Internships) (date) (signature of the Rector's Proxy for Student Internships)

Employer description (legal form, industry, the territorial scope of the activity):

.....
.....

Description of department(s) where the student intends to undertake the internship:

.....
.....
.....

Nature of planned tasks and works (substantive, organizational and auxiliary works):

.....
.....
.....

Knowledge to be acquired during the internship (what will you learn?):

.....
.....
.....

Skills to be acquired during the internship (what will you learn?):

.....
.....
.....

Social competences to be acquired during the internship (what will you learn?):

.....
.....
.....

How is the place of the internship relevant to the internship program for a given field of study:

.....
.....
.....

.....
(Student's signature)

Approval of the Rector's Proxy for Student Internships to undertake the internship in the place chosen by the student	
..... (date) (signature of the Rector's Proxy for Student Internships)

GDPR Information Clause:

1. GDPR information obligation on the conditions for the processing of personal data: The Controller of personal data is Akademia WSB (WSB University) with its registered office in Dąbrowa Górnicza 41-300, ul. Ciepłaka 1c. To contact us, send an e-mail to: rektorat@wsb.edu.pl or call +48 32 262-28-05.
2. Please be informed about the appointment of the Data Protection Officer, the function of which is performed by Martyna Kucharska-Staszal. You can contact her by sending an e-mail to: iod@wsb.edu.pl or by calling +48 513-457- 575.
3. Personal data will be processed pursuant to Art. 6 sec. 1(c) GDPR, in connection with the conclusion by the University of an agreement on the conduct of the student internship, which is one of the student's obligations under art. 107 para. 2 point 2 of the Law on Higher Education and Science of July 20, 2018 (Journal of Laws 2018, item 1668, as amended) and may result from the study program pursuant to Art. 67 sec. 5 of the aforementioned Act, because the internship is aimed at achieving learning outcomes shaping practical skills referred to in Art. 64 sec. 2 point 1 of the said Act by the student.
4. The recipients of personal data will be the following entities: internship organizers, who independently or jointly with others determine the purposes and methods of personal data processing on the basis and within the limits of the agreement concluded by the University on the implementation of student internship and bodies operating on the basis of applicable law.
5. Personal data will be stored for the period necessary under the applicable provisions of the Law on Higher Education and Science of July 20, 2018 (Journal of Laws 2018, item 1668, as amended) and its implementing acts regulating the obligation to implement the student internship.
6. The student is entitled to request the data controller to access their personal data, rectify it, delete it or limit its processing - within the limits permitted by law. The student is also entitled to object to the processing of personal data, withdraw consent to their processing at any time if the data was processed on the basis of consent - Art. 6 sec. 1 (a) GDPR, without affecting the lawfulness of processing based on consent before its withdrawal.
7. Personal data will not be processed in an automated manner and will not be the basis for automated decision making, including profiling.
8. Personal data will not be transferred to a third country.
9. Personal data will be stored for the period of
10. In connection with the processing of personal data by the Controller, the person is entitled to:
 - a. request access to personal data - art. 15 GDPR;
 - b. request the rectification of personal data - art. 16 GDPR;
 - c. request the deletion of personal data - art. 17 GDPR;
 - d. request the restriction of the processing of personal data - art. 18 GDPR;
 - e. transfer personal data - art. 20 GDPR;
 - f. object to the processing of personal data - art. 21 GDPR;
 - g. withdraw consent to the processing of personal data at any time, if it is based on art. 6 sec. 1 (a) GDPR. The withdrawal of consent to the processing of personal data does not affect the lawfulness of the current processing of this data;
 - h. lodge a complaint with the supervisory authority for the compliance with personal data protection regulations, i.e. the President of the Personal Data Protection Office, ul. Stawki 2, 00-193 Warsaw, kancelaria@uodo.gov.pl (in accordance with Article 77 of the GDPR).

I declare that I have read the content of the information obligation on the conditions of processing my personal data, including information about the purpose and methods of personal data processing, as well as the right to access the content of this data and the right to rectify it.

.....
(Student's signature)

Akademia WSB
ul. Ciepłaka 1C
41-300 Dąbrowa Górnicza
tel. (32) 262-28-05

INTERNSHIP AGREEMENT*

(The internship agreement must be printed in two copies)

Between WSB University, represented by **the Rector Assoc. Prof. Zdzisława Dacko-Pikiewicz, PhD**, hereinafter referred to as the University

and

● e.g., Akademia WSB, 3 maja Street 1/2, 41-300 Dąbrowa Górnicza, Poland

.....
.....
.....

(name and address of the workplace)

hereinafter referred to as the Workplace, represented by the ~~President~~/Director/~~Plant Manager~~

was entered into for the period from e.g. 01.01.2022 to e.g. 30.01.2022 and it reads as follows:

1. In the academic year 2021/2022, the University refers the following student to the Workplace to undertake the internship:

Student's first name and surname	Address of residence	Study
e.g. Jan Kowalski	e.g., 3 maja Street 11/22, 41-200 Sosnowiec, Poland	Field: MANAGEMENT (second-cycle study program) Mode of study: full-time / part-time * Year of study: e.g. 1, 2, 3 Semester of study: e.g. 1, 2, 3, 4, 5, 6 Register no: e.g. 12345 *Please delete as applicable.

2. The Workplace shall:

- a) familiarize students with the documents in force in their activity and related to the job position, e.g. company work regulations, regulations on the protection of state and official secrets, and health and safety regulations.
- b) appoint a company representative (internship tutor) with relevant professional experience to supervise the performance of tasks resulting from the internship program and verification of learning outcomes.
- c) enable the Proxy for Student Internship to exercise didactic and educational supervision and control over the student internship.
- d) request the University to dismiss a student who has undertaken the internship on the basis of a referral, if he / she grossly violates work discipline. If the violation of the work discipline caused a threat to life or health, the employer may prevent the student from continuing the internship.

3. The University shall exercise didactic and educational supervision over the course of internship. The Proxy for Student Internships, as a University representative, is the superior of students during the internship, is responsible for the implementation of the internship program in accordance with its purpose, and is authorized to settle matters related to the course of the internship together with the representative of the Workplace.

4. The University may, within its capabilities, inform the public via an Informant or other information channel that the Workplace supports students in obtaining higher education and at the same time thank them, on behalf of the Student, for enabling the internship, to which the Workplace agrees.

5. The Agreement has been made in two identical copies, one for each party.

Stamp and signature

.....
Rector's Proxy for Student Internships

.....
Signature and stamp of the Director or an authorized person

INTERNSHIP LOGBOOK / INTERNSHIP I, II, III (circle as applicable)

The course and description of activities undertaken during the internship.

● Student's first name and surname: *e.g. Jan Kowalski*

Register number: *e.g. 12345*

Specialization: *e.g. International Business*

Year of study: *e.g. 1, 2, 3*, semester *e.g. 1, 2, 3, 4, 5, 6*, mode of study: full-time / ~~part-time~~ (*delete as applicable*)

Duration of the internship: from *e.g. 01.01.2022* to *e.g. 30.01.2022*

Number of hours: *e.g. 240h, 120h, 90h*

Name and address of the workplace where the internship takes place:
e.g., Akademia WSB, 3 maja Street 1/2, 41-300 Dąbrowa Górnicza, Poland

Name of the department where the internship was undertaken:
e.g. HR department

First name and surname of the company internship supervisor *e.g. Piotr Nowak*

Workplace stamp



● *Supervisor stamp and signature*

Date Signature and stamp of the company internship supervisor

The student has completed OHS and on-the-job training on the premises of the facility

● *Supervisor stamp and signature*

Date Signature and stamp of the company internship supervisor






I declare that I have read the internship regulations

● ●

Date Student's Signature

● Student's first name and surname: e.g. Jan Kowalski

 From e.g. 03.01.2022 to e.g. 07.01.2022
 The sum of the clock hours on the given page of the register: e.g. 40h

Day (dd/mm/yyyy)	Internship hours from...to...	Number of hours on a given day	Specification of activities, work, tasks, duties and functions performed.	Confirmation (in the form of a signature and stamps) and the comments of the company internship supervisor
03.01.2022	8:00-16:00	8h	- activities - work - tasks - duties - functions	 Supervisor stamp and signature
04.01.2022	8:00-16:00	8h	- activities - work - tasks - duties - functions	 Supervisor stamp and signature
05.01.2022	8:00-16:00	8h	- activities - work - tasks - duties - functions	 Supervisor stamp and signature
06.01.2022	8:00-16:00	8h	- activities - work - tasks - duties - functions	 Supervisor stamp and signature
07.01.2022	8:00-16:00	8h	- activities - work - tasks - duties - functions	 Supervisor stamp and signature

This page of the internship logbook should be duplicated as many times as needed to describe all the days of the internship (one row of the table is used to describe the internship completed within one day only)

Part I

THE REPORT ON THE COMPLETION OF INTERNSHIP I

(to be completed by the company internship supervisor)

INTERNSHIP I IN THE FIELD OF MANAGEMENT SPECIALIZATION:... e.g. <i>International Business</i> SECOND-CYCLE STUDY PROGRAM	e.g. 320h, 160h,*120h Number of hours Semester 1
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- Student's first name and surname..... e.g. *Jan.Kowalski*
- Name and address of the organization/institution..... e.g., *Akademia WSB, 3 maja Street 1/2, 41-300 Dąbrowa Górnicza, Poland*
- Duration of the internship from..... e.g. *01.01.2022* to..... e.g. *30.01.2022*
- Name and Surname of the company internship supervisor..... e.g. *Piotr Nowak*

	Confirmation of the learning outcomes achieved	Please enter: yes, no
KNOWLEDGE	1) The student has familiarized themselves with the mission, goals, and the scope of activity of the Organization in which the internship is undertaken, and with external stakeholders of the Organization;	yes
	2) The student has familiarized themselves with the regulations governing the functioning of the Organization, the scope of activity of organizational units and positions where the internship is undertaken;	yes
	3) The student has learned about the detailed tasks of people performing specific functions in the structure of the workplace and their mutual relationships;	no
SKILLS	1) The student can apply business resources of the Organization necessary to perform work;	yes
	2) The student can use the acquired theoretical knowledge to perform complex tasks related to the management process assigned by the Internship Supervisor;	yes
	3) The student can apply the acquired theoretical knowledge in the management practice;	no
	4) The student can acquire information from appropriate sources while performing assigned complex tasks in the field of Management, analyze them, evaluate their suitability, and ensure data protection according to the Organization rules of data protection.	yes
SOCIAL COMPETENCES	1) The student is active and persistent in taking responsibility for and performing team activities;	yes
	2) The student is ready to use the opinions of experienced employees while completing assigned tasks;	no
	3) The student is ready to critically evaluate the received content in the field of managing the Organization in which the internship is undertaken.	yes

*(in teaching hours 1h = 45 minutes)

.....
Date

Supervisor stamp and signature

.....
Signature and stamp of the company internship supervisor

Part II Opinion of the company internship supervisor

● Tab. 1 *Evaluation of work and the performance of tasks by the student —to be completed by the company internship supervisor on behalf of the organization*

Evaluation of student’s work (scale from 1 to 5)*	1	2	3	4	5
Use of knowledge in solving practical problems and performing tasks commissioned by the company internship supervisor					●
Creativity					●
Organization of work					●
Self-reliance					●
Performance of tasks on time					●
Commitment/readiness to perform the assigned tasks					●
Ability to work in a team					●
Communication skills					●
Total sum of points obtained					40

* Points on a scale of 1-5, where 5 is the highest score

●
.....

Date

Supervisor stamp and signature

.....

Signature and stamp of the company internship supervisor

I confirm the achievement of all learning outcomes	I confirm the conditional achievement of learning outcomes	I am unable to confirm the achievement of learning outcomes
<p>.....</p> <p><i>I acknowledge the completion of Internship I,II,III</i> (date) (signature of the Rector's Proxy for Student Internships)</p>	<p>.....</p> <p><i>I conditionally acknowledge the completion of Internship I,II,III</i> (date) (signature of the Rector's Proxy for Student Internships)</p>	<p>.....</p> <p><i>I do not acknowledge the completion of Internship I,II,III</i> (date) (signature of the Rector's Proxy for Student Internships)</p>

1. How do you assess formal student internship documents? (you can mark any number of answers)

- The documents are clear
- The documents are incomprehensible
- Filling in the documents is time-consuming
- In my opinion, the number of documents is too large
- Documents need to be supplemented due to:

.....
.....
.....

2. How do you assess the duration of the student internship (160 hours)? (please tick one answer)

- The internship involves too few hours, I believe that it should take.....hours.
- The internship involves too many hours, I believe that it should takehours.

The number of hours of the internship is sufficient.

3. Do you think that the course of the student internship is appropriate?

- Yes
- No, the internship is too early
- No, the internship is too late
- I do not know

4. Do you think that internship has an impact on student professional activity?

- Definitely yes
- Probably yes
- I do not know
- Probably not
- Definitely not

5. What did the student have the biggest problems with?

.....
.....

6. Taking into account the list of learning outcomes that the student was supposed to achieve during the internship, which you would change, remove or add?

Knowledge, what?

.....
.....

Skills, which ones?

.....
.....

Social competences, which ones?

.....
.....

7. Do you agree to accept students of WSB University in the future?

- Yes
- No
- I do not know

Supervisor stamp and signature

.....
Signature and stamp of the company internship supervisor

Employer fills this page for internship II

Part I

**THE REPORT ON THE COMPLETION OF INTERNSHIP II
(to be completed by the company internship supervisor)**

INTERNSHIP II IN THE FIELD OF MANAGEMENT SPECIALIZATION:..... SECOND-CYCLE STUDY PROGRAM* Number of hours Semester 3
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- Student's first name and surname.....
- Name and address of the organization/institution.....
- Duration of the internship from.....to.....
- Name and Surname of the company internship supervisor.....

	Confirmation of the learning outcomes achieved	Please enter: yes, no
KNOWLEDGE	1) The student has familiarized himself/herself with the management processes in the Organization including: planning, organizing, motivating, and evaluating;	●
	2) The student has familiarized himself/herself with the resources of the Organization: human resources, material resources, financial resources, information resources;	●
	3) The student has familiarized himself/herself with the types of documents functioning in the Organization and the documentation workflow.	●
SKILLS	1) The student can apply the acquired theoretical knowledge about Management in the management practice in a specified functioning area of the Organization;	●
	2) The student can observe, and actively participate in everyday complex duties performed by the specialists from the field of Management;	●
	3) The student can work in a team performing both tasks related to the implementation of imposed goals, as well as setting them, and organizing the teamwork.	●
SOCIAL COMPETENCES	1) The student is active, persistent, and responsible in performing professional team activities;	●
	2) The student is aware of the level of their knowledge and skills and is ready to acknowledge the role of knowledge in solving practical managerial problems;	●
	3) The student is ready to think in the entrepreneurial way, is open to taking up professional challenges.	●

*(in teaching hours 1h = 45 minutes)

.....
Date

Supervisor stamp and signature

.....
Signature and stamp of the company internship supervisor

Part II Opinion of the company internship supervisor

● Tab. 1 *Evaluation of work and the performance of tasks by the student —to be completed by the company internship supervisor on behalf of the organization*

Evaluation of student’s work (scale from 1 to 5)*	1	2	3	4	5
Use of knowledge in solving practical problems and performing tasks commissioned by the company internship supervisor					●
Creativity					●
Organization of work					●
Self-reliance					●
Performance of tasks on time					●
Commitment/readiness to perform the assigned tasks					●
Ability to work in a team					●
Communication skills					●
Total sum of points obtained					●

* Points on a scale of 1-5, where 5 is the highest score

●
.....
Date

Supervisor stamp and signature
.....
Signature and stamp of the company internship supervisor

I confirm the achievement of all learning outcomes	I confirm the conditional achievement of learning outcomes	I am unable to confirm the achievement of learning outcomes
..... I acknowledge the completion of Internship I,II,III (date) (signature of the Rector's Proxy for Student Internships) I conditionally acknowledge the completion of Internship I,II,III (date) (signature of the Rector's Proxy for Student Internships) I do not acknowledge the completion of Internship I,II,III (date) (signature of the Rector's Proxy for Student Internships)

- 1. How do you assess formal student internship documents? (you can mark any number of answers)
 - The documents are clear
 - The documents are incomprehensible
 - Filling in the documents is time-consuming
 - In my opinion, the number of documents is too large
 - Documents need to be supplemented due to:
 -
 -
 -

2. How do you assess the duration of the student internship (160 hours)? (please tick one answer)

- The internship involves too few hours, I believe that it should take.....hours.
- The internship involves too many hours, I believe that it should takehours.
- The number of hours of the internship is sufficient.

3. Do you think that the course of the student internship is appropriate?

- Yes
- No, the internship is too early
- No, the internship is too late
- I do not know

4. Do you think that internship has an impact on student professional activity?

- Definitely yes
- Probably yes
- I do not know
- Probably not
- Definitely not

5. What did the student have the biggest problems with?

.....
.....

6. Taking into account the list of learning outcomes that the student was supposed to achieve during the internship, which you would change, remove or add?

Knowledge, what?

.....
.....

Skills, which ones?

.....
.....

Social competences, which ones?

.....
.....

7. Do you agree to accept students of WSB University in the future?

- Yes
- No
- I do not know

Supervisor stamp and signature

.....
Signature and stamp of the company internship supervisor

Part I

**THE REPORT ON THE COMPLETION OF INTERNSHIP III
(to be completed by the company internship supervisor)**

INTERNSHIP III IN THE FIELD OF MANAGEMENT SPECIALIZATION:..... SECOND-CYCLE STUDY PROGRAM* Number of hours Semester 4
--	---

- Student's first name and surname.....
- Name and address of the organization/institution.....
- Duration of the internship from.....to.....
- Name and Surname of the company internship supervisor.....

	Confirmation of the learning outcomes achieved	Please enter: yes, no
KNOWLEDGE	1) The student has familiarized themselves with the principles, methods, techniques, and tools used in the process of managing the Organization in which the internship is undertaken;	●
	2) The student has knowledge of the processes of planning, forming, developing, and optimizing the use of resources in the Organization in which the internship is undertaken;	●
	3) The student has broadened knowledge of management and quality science and knows its relation to the conditions and rules of the management process in the Organization in which the internship is undertaken;	●
	4) The student has familiarized himself/herself with the practical aspects of the knowledge acquired during studies in the field of Management with regards to the activity of the Organization in which the internship is undertaken.	●
SKILLS	1) The student can independently use the correct methods, tools, and techniques, including advanced information and communication techniques, used for solving problems related to the functioning of the Organization;	●
	2) The student can resolve the problems and tasks related to the job, using appropriate methods and tools, including advanced information and communication techniques;	●
	3) The student can apply the acquired theoretical knowledge about Management in management practice and use acquired skills to implement specified solutions in practice and evaluate their effects;	●
	4) The student can effectively communicate in terms of the professional activity with co-workers, contractors, clients, and stakeholders of the Organization;	●
	5) The student can self-assess his/her competences, improve skills, and designate the directions for self-development and further education, with regards to experiences gained from the undertaken internship.	●
SOCIAL COMPETENCES	1) The student is ready to take social initiative in the field of Management to aid labor groups in the Organization;	●
	2) The student is ready to think in the entrepreneurial and creative way, is open to taking up professional challenges;	●
	3) The student is ready to follow the rules of ethics and to care for the tradition of the management profession.	●

*(in teaching hours 1h = 45 minutes)

●
.....
Date

Supervisor stamp and signature

 Signature and stamp of the company internship supervisor

Part II Opinion of the company internship supervisor

● Tab. 1 *Evaluation of work and the performance of tasks by the student* —to be completed by the company internship supervisor on behalf of the organization

Evaluation of student’s work (scale from 1 to 5)*	1	2	3	4	5
Use of knowledge in solving practical problems and performing tasks commissioned by the company internship supervisor					●
Creativity					●
Organization of work					●
Self-reliance				●	
Performance of tasks on time					●
Commitment/readiness to perform the assigned tasks					●
Ability to work in a team				●	
Communication skills					●
Total sum of points obtained					●

* Points on a scale of 1-5, where 5 is the highest score

●
.....
Date

Supervisor stamp and signature

.....
Signature and stamp of the company internship supervisor

I confirm the achievement of all learning outcomes	I confirm the conditional achievement of learning outcomes	I am unable to confirm the achievement of learning outcomes
..... <i>I acknowledge the completion of Internship I,II,III</i> (date) (signature of the Rector's Proxy for Student Internships) <i>I conditionally acknowledge the completion of Internship I,II,III</i> (date) (signature of the Rector's Proxy for Student Internships) <i>I do not acknowledge the completion of Internship I,II,III</i> (date) (signature of the Rector's Proxy for Student Internships)

- 1. How do you assess formal student internship documents? (you can mark any number of answers)
 - The documents are clear
 - The documents are incomprehensible
 - Filling in the documents is time-consuming
 - In my opinion, the number of documents is too large
 - Documents need to be supplemented due to:
.....
.....
.....

- 2. How do you assess the duration of the student internship (160 hours)? (please tick one answer)
 - The internship involves too few hours, I believe that it should take.....hours.
 - The internship involves too many hours, I believe that it should takehours.
 - The number of hours of the internship is sufficient.

- 3. Do you think that the course of the student internship is appropriate?
 - Yes
 - No, the internship is too early
 - No, the internship is too late
 - I do not know

- 4. Do you think that internship has an impact on student professional activity?
 - Definitely yes
 - Probably yes
 - I do not know
 - Probably not
 - Definitely not

5. What did the student have the biggest problems with?
.....
.....

6. Taking into account the list of learning outcomes that the student was supposed to achieve during the internship, which you would change, remove or add?

- Knowledge, what?
.....
.....

- Skills, which ones?
.....
.....

- Social competences, which ones?
.....
.....

- 7. Do you agree to accept students of WSB University in the future?
 - Yes
 - No
 - I do not know

Supervisor stamp and signature

.....
Signature and stamp of the company internship supervisor

STUDENT'S REPORT ON INTERNSHIP I, II, III - E-SURVEY
(circle as applicable)

Please attach a printout of the questionnaire which has been previously filled in by the student in an electronic version to the documentation confirming the completion of **INTERNSHIP I, II, III** *(circle as applicable)*.

- The questionnaire can be found at:

<https://badania.wsb.edu.pl/index.php?r=survey/index&sid=682574&lang=en>

Open this page, take the survey, save as PDF, and attach to your documentation