



Internship confirmation
 (issued by the institution)
**for students of the HLW Bad Ischl, Ausbildungszweig
 Sozialmanagement**

**Sponsoring organization/
 Institution:** _____

Address/country: _____

Tel., E-Mail: _____

Contact: _____

We confirm that _____,
 (name)

student at the Höhere Bundeslehranstalt für wirtschaftliche Berufe - Ausbildungszweig
 Sozialmanagement, Kaltenbachstraße 19, 4820 Bad Ischl, can do an internship equivalent to a
 full-time job of _____ hours per week

from _____(date) to _____(date)

in our establishment.

The student can work in the following fields:

 Date, signature and stamp of the institution

The internship is **Approved**
 Not approved by the HLW Bad Ischl.

 Internship supervisor

 Principal/stamp