



**WORK PLACEMENT ACCEPTANCE FORM
VOCATIONAL SCHOOL
AMASYA**

Your studentin
..... program of your school is
accepted to do apprenticeship in our company.

Authorized Person

Signature Stamp of
company

FILLED BY COMPANY

The Company									
Name :									
Address :									
Sector :									
Capacity :									
Telephone number:							Web address :		
Fax number :							E-mail address:		
Departments in the Company					Number of staff in company				
Human Sources:	<input type="checkbox"/>	Production:	<input type="checkbox"/>	Manager:	<input type="checkbox"/>	Financial staff:	...	Marketing staff:
Marketing:	<input type="checkbox"/>	Office:	<input type="checkbox"/>	Engineer:	<input type="checkbox"/>	Office staff:	...	Worker:	...
Finance:	<input type="checkbox"/>	Worksite:	<input type="checkbox"/>	Technician:	<input type="checkbox"/>	Connoisseur:	...		
F&B	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Front Office	<input type="checkbox"/>				
Facilities Provided for Students					Required Documents				
1- Wage(.....) 3-Food(.....) 5-.....(.....)					1-Photograph(.....) 3-Copy of ID Card (.....)				
2-Service (....) 4-.....(....) 6-.....(.....)					2-Residence Paper (....) 4-.....(.....)				
Which Department Will The Student Be Placed In?:									
.....									

Contact Person in the Company			
Name & Surname:		Telephone Number:	
Title:		E-mail Address:	
Program Coordinator in the University			
Name&Surname:		E-Mail Address:	

*Total days must be 30.If the company is open on Saturdays , the week will be accepted as 6 days.

FILLED BY STUDENT
(Öğrenci Tarafından Doldurulacaktır)

Birth Certificate Information of the Student (Nüfus Kayıt Bilgileri)			
Surname : Soyadı		Registered City: Nüfusa Kayıtlı Olduğu İl	
Name : Adı		Town: İlçe	
Father's Name : Baba Adı		Local-Village: Mahalle-Köy	
Mother's Name: Ana Adı		Volume No: Cilt No	Row in the Family: Aile Sıra No
Birth Place & Date: Doğum Yeri&Tarihi		Row Number: Sıra No	Obtained Date: Veriliş Tarihi
ID Number : T.C. No		Registration Office: Verildiği Nüfus Dairesi	
Insurance Number:		Reason of the ID Card: Veriliş Nedeni	
<p>All the information above given by me is correct and accurate and I do undertake to do my apprenticeship from/...../20... to/...../20..... Thus , I would request all my placement documents to be prepared .</p> <p style="text-align: right;">Date :.....</p> <p style="text-align: right;">Signature:.....</p>			

CONFIRMED BY UNIVERSITY
(Üniversite Tarafından Onaylanacaktır)

It is confirmed that the above named student may do his/her apprenticeship in the company mentioned above.

(Yukarıda belirtilen öğrencinin adı geçen firmada EDÖ yapması uygun görülmüştür)

Date:.....
(Tarih)

Coordinator Signature:
(Koordinatör İmzası)