

## Application for approval of the practical training semester BA degree programme in Social Work, Module 30

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I, \_\_\_\_\_ in the \_\_\_\_\_ semester,  
born on \_\_\_\_\_ in \_\_\_\_\_ Matriculation no.:

Private address during internship:

**hereby request approval of the following organisation as a training centre for the practical training semester (Module 30), on the basis of the attached training plan**

in the period from \_\_\_\_\_ to \_\_\_\_\_ working days (minimum 107)

Name of the organisation:

Supporting organisation (if applicable):

Address of the organisation:

Phone:

Work area:

Management of the organisation:

E-mail address:

I was employed from \_\_\_\_\_ to \_\_\_\_\_ or have been employed since \_\_\_\_\_  
**at the specified Practical Training Provider.** (Please tick and complete if applicable)

The training officer who will serve as the practical training instructor for the duration of my practical training semester is:

Name of the practical training instructor<sup>1</sup>:

Phone:

E-mail address:

Education/Qualification: \_\_\_\_\_ In the job since \_\_\_\_\_

Position: \_\_\_\_\_ Employed at this organisation since: \_\_\_\_\_

Scope of the position:

Deputy:

**The application is accompanied by an individual training plan.**

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Date

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Student's signature

<sup>1</sup> Please refer to the study plan "Regulations for the practical training semester" for prerequisites relating to instructors.

<sup>2</sup> The approval is granted subject to fulfilling the conditions for admission to the practical training semester (in accordance with Section 3 SPO 20172 BA Social Work), i.e. having achieved at least 80 credit points (CP) from completed modules.

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The completion of the practical training semester at the organisation named above is

approved<sup>2</sup>

approved subject to conditions<sup>2</sup>

not approved

Conditions:

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Reason for rejection:

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Rosenheim/Mühldorf, dated \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Internship Officer for Social Work at Rosenheim Technical University of Applied Sciences**

Training contracts issued on/by:

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Place, date

Signature of the Internship Office, Mühldorf a. Inn

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## Training plan by the Practical Training Provider

Name of the intern:

Matriculation no.:

### 1. Practical Training Provider's address:

- Name of the provider:
- Address:
  
- Phone:
- Website:
- E-mail address:

### 2. Responsibilities of the Practical Training Provider:

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### 3. Target group(s) of the Practical Training Provider:

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### 4. Fields of learning that are conveyed during the internship:

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