

**T.C.**  
**İSTANBUL MEDİPOL**  
**UNIVERSITY**

**INTERNSHIP DECLARATION**  
**AND COMMITMENT FORM**

\* Required Field

*TURKISH ID NO				
*NAME SURNAME				
*STUDENT NO				
*FACULTY / DEPARTMENT				
*INTERNSHIP TYPE	REQUIRED		VOLUNTARY	
*PHONE NO				
*PHONE NO OF AN ACQUAINTANCE				
*E-MAIL				
*INTERNSHIP START DATE				
*INTERNSHIP FINISH DATE				
*INTERNSHIP DURATION (WORKING DAYS)				
* NAME OF THE COMPANY FOR INTERNSHIP				

**\* SELECT YOUR GENERAL HEALTH INSURANCE DECLARATION.**

I receive health services from my family through my mother/father within the scope of general health insurance. For this reason, I do not accept to be covered by general health insurance during the professional practice. (22 Document Types)

I do not receive health services from my family through my mother/father within the scope of general health insurance. Therefore, I agree to be covered by general health insurance during the professional practice. (43 Document Types)

Except for the change of internship location, **(Change of internship location requires a new internship application.)** internship period will start on .../...../ 20..... . I accept and undertake to inform the relevant education (school) unit at least one week in advance in case the internship start and end date changes or the internship is abandoned, otherwise **I accept and undertake to pay all kinds of financial damages arising in accordance with the law numbered 5510 together with the legal delay interest.**

#### **GENERAL PROVISIONS**

**ITEM 1-** In accordance with the Vocational Education Law No. 3308, in order to regulate the principles of the workplace internship to be carried out in the enterprises of the students of the vocational and technical education program in accordance with the Vocational Education Law No. 3308, this commitment letter is signed between the Faculty Dean's Office / Vocational School Directorate University and the student.

**ITEM 2-** One copy of this commitment letter, which is prepared in triplicate and signed by the parties, is kept at the Faculty/Vocational School where the intern is a student, one copy at the University and one copy at the student.

**ITEM 3-** The employer/employer's representative is responsible for work accidents and occupational diseases that may occur due to workplace defect during the internship of the students.

**ITEM 4-** Workplace internship in businesses Istanbul Medipol University is the student of the student who will do internship It is carried out according to the provisions of the Faculty / Vocational School Internship Directive and the Vocational Education Law No. 3308.

#### **INSURANCE**

**ITEM 5-** In accordance with subparagraph 5 (b) of Law No. 5510, Work Accident and Occupational Diseases insurance of internship students is made by the University where they study. However, in terms of workplace and occupational safety and health, the internship site and the employer are responsible for all kinds of legal measures, will fulfill the requirements of the workplace in this regard and accepts, declares and undertakes that Istanbul Medipol University will not be liable in any way for any damages under any name that may arise from its negligence and violation.

The employer of the workplace where the trainees receive practical training is responsible for the training and information of the trainees. However, occupational health and safety courses or courses completed in the education and training institution where the trainee continues his/her education replace basic education.

**ITEM 6-** Work Accident and Occupational Diseases insurance is issued and reported to the Social Security Institution (SGK) before the students start their internship.

**ITEM 7-** Work Accident and Occupational Diseases insurance premium payments of students who are subject to compulsory/voluntary summer internship are reported to the Rectorate on a semester basis.

#### **STUDENT DISCIPLINE, ATTENDANCE AND ACHIEVEMENT**

**ITEM 8-** The business authorities notify the Head of the Department within five (5) working days at the latest of the student who does not come to the workplace internship for one (1) working day without an excuse.

**ITEM 9-** In case students engage in behaviors that require disciplinary investigation in enterprises, this situation is notified in writing by the enterprise to the Vocational School Directorate / Faculty Dean's Office. Disciplinary procedures are carried out by the Vocational School Directorate/Faculty Dean's Office according to the provisions of the Student Disciplinary Regulations of Higher Education Institutions. The result is notified to the institution in writing.

**ITEM 10-** The success status of students doing workplace internship in enterprises is determined according to Istanbul Medipol University Internship Directives.

#### **OTHER DUTIES AND RESPONSIBILITIES OF THE PARTIES**

##### **ITEM 11- DUTIES AND RESPONSIBILITIES OF THE VOCATIONAL SCHOOL DIRECTORATE / FACULTY DEAN**

- To ensure that the forms related to the activities of the students in the workplace internship programs are given to the enterprises at the beginning of the internship,
- To ensure that the workplace internship in enterprises is carried out in accordance with the relevant professional fields.
- To ensure that students' attendance and absenteeism are monitored,
- It undertakes to carry out the insurance premiums of students doing business data internship in enterprises according to the principles of the regulation, and to pay the premium, administrative fine, late fee and interest for delay.

##### **ITEM 12- DUTIES AND RESPONSIBILITIES OF STUDENTS RECEIVING WORKPLACE TRAINING**

- To comply with the conditions and working order of the workplace,
- Not to communicate private information about the workplace to third parties,
- To attend workplace internship regularly,
- Keep the workplace internship file and fill out the relevant forms,
- To request from the workplace to work in the field appropriate to the education they have received from the program they have studied,
- To be responsible for any damage caused at work.

**\*APPROVAL OF THE STUDENT REQUESTING INTERNSHIP INSURANCE AND THE AUTHORIZED PERSONNEL**

<b>FACULTY DEAN'S OFFICE/ COLLEGE DIRECTORATE/ VOCATIONAL SCHOOL DIRECTORATE</b>	<b>..... FACULTY / DIRECTORATE</b>
<b>STUDENT INFORMATION</b>	<b>FACULTY DEAN'S OFFICE/ COLLEGE DIRECTORATE/ VOCATIONAL SCHOOL DIRECTORATE (HEAD OF DEPARTMENT/ INTERNSHIP COORDINATOR)</b>
<b>NAME SURNAME</b>	<b>NAME SURNAME</b>
	<b>DUTY</b>
<b>DATE</b>	<b>DATE</b>
<b>SIGNATURE</b>	<b>SIGNATURE-STAMP</b>