Proof of qualification to supervise an intern

International University Liebenzell

Student

surname, first name and student number

Internship site

Name of the organization

Address

Instructor

Surname, first name

Qualification / Job title

State recognition as a social worker / social education worker ☐ yes ☐ no

Years of professional experience: _____ years

Of which at this facility: _____ years

Signed: Internship organization

Place, date, signature