



EUROPÄISCHE SCHULE FRANKFURT AM MAIN Praunheimer Weg 126 D-60439 Frankfurt

Tel.: (069) 92 88 74-0

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INTERNSHIP CONTRACT

between

Employer:
.....

Student:

Contact person:
.....

Address:.....
.....
.....

Address:
.....
.....
.....

Tel.Nr.:

Email:

Tel Nr:

Email:

I agree to allow (name of student) to undertake work experience in my organisation from to (date).

The total number of hours per day (..... hours) is in accordance with the legal employment regulation for young people.

The school work experience will be carried out as part of the European School's "Careers Guidance Program" and should contribute to the students' experience of the world of work.

During this time, the student is released from regular school lessons and is fully insured through the school during the internship activity as well as on the way to and from the workplace, provided that he/she will not receive any salary or remuneration for his/her work.

In the case of a student internship outside Germany, the insurance cover via the school does not apply. In the latter case, the legal guardians confirm the conclusion of an insurance policy with the above-mentioned insurance cover by signing this internship agreement.

I understand and agree to the above.

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Signature of student

.....

Signature of legal guardian

.....

Signature of employer