

Work Placement Abroad

Date of work placement:

Name of Student: _____

Name of company abroad: _____

Address:

Responsible contact person: _____

Phone number: _____

Responsible teacher in Germany: _____

company's stamp

Agreement between student and parent(s):

In case of serious issues it is the school's right to cancel the work placement. I hereby declare that I will be responsible for the return journey. That means that I/my parents have to pay for all arising expenses.

Place and date

Signature student

Signature parents

The work placement is approved by the „Verordnung für Berufliche Orientierung in Schulen (VOBO) vom 17. Juli 2018, § 26 Abs. 2 HKM“.

Place and date

Signature teacher

School stamp