**FACULTY OF PHARMACY WITH THE DIVISION OF LABORATORY MEDICINE**

**MEDICAL UNIVERSITY OF BIAŁYSTOK**

Attachment no. 2 to the Tripartite Internship Agreement

# INTERNSHIP JOURNAL

………………………………………
  (Seal of the Faculty)

Mr/Ms...............................................................................................................................……
(name and surname of the intern)

......................................................................................................................................…………
(internship started on)

......................................................................................................................................…………
(Receiving Institution)

......................................................................................................................................…………
(name and surname of Supervisor designated by MUB)

………………………………………………………
(internship journal issued on)

## PART I

**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

…………………………………………  
(signature of the intern)

…………………………………………………  
(signature of Internship Supervisor  
designated by the Receiving Institution)

**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

.................................................
(signature of the intern)

...............................................................
(signature of Internship Supervisor
designated by the Receiving Institution)

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**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|----------------|---------------|
|      |                |               |

.....................................................
(signature of the intern)

.........................................................
(signature of Internship Supervisor
designated by the Receiving Institution)

**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

……………………………………………
(signature of the intern)

………………………………………………
(signature of Internship Supervisor
designated by the Receiving Institution)

**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

………………………………………………
(signature of the intern)

……………………………………………………
(signature of Internship Supervisor
designated by the Receiving Institution)

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**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

...................................................
(signature of the intern)

...........................................................
(signature of Internship Supervisor
designated by the Receiving Institution)

**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

……………………………………………
(signature of the intern)

………………………………………………
(signature of Internship Supervisor
designated by the Receiving Institution)

**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

……………………………………………
(signature of the intern)

……………………………………………
(signature of Internship Supervisor
designated by the Receiving Institution)

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**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

……………………………………………
(signature of the intern)

………………………………………………
(signature of Internship Supervisor
designated by the Receiving Institution)

**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|---|---|---|
|  |  |  |

…………………………………………
(signature of the intern)

………………………………………………
(signature of Internship Supervisor
designated by the Receiving Institution)

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**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

……………………………………………
(signature of the intern)

……………………………………………
(signature of Internship Supervisor
designated by the Receiving Institution)

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**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

……………………………………………
(signature of the intern)

………………………………………………
(signature of Internship Supervisor
designated by the Receiving Institution)

**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

……………………………………………
(signature of the intern)

…………………………………………………
(signature of Internship Supervisor
designated by the Receiving Institution)

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**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

……………………………………………
(signature of the intern)

…………………………………………………
(signature of Internship Supervisor
designated by the Receiving Institution)

**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

………………………………………… ………………………………………………
(signature of the intern) (signature of Internship Supervisor
designated by the Receiving Institution)

**Weekly list of practical tasks performed by the intern.**

| Date | Number of hours | List of tasks |
|------|-----------------|---------------|
|      |                 |               |

…………………………………………………
(signature of the intern)

………………………………………………………
(signature of Internship Supervisor
designated by the Receiving Institution)

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## Part II

………………………………………
Name of receiving institution

**OPINION OF INTERNSHIP SUPERVISOR DESIGNATED BY THE RECEIVING INSTITUTION**

**Student's name:** ....................................................................................................

**Field of study:** .....................................................................................................

*Please complete the table by ticking YES or NO for each of the points.*

| No. | Implementation of internship programme | YES | NO |
|-----|------------------------------------------|-----|-----|
| 1. | Ability to apply the acquired competences in practice | | |
| 2. | Ability to work and communicate in a team | | |
| 3. | Ability to organize one's work effectively | | |
| 4. | Ability to complete assigned tasks | | |
| 5. | Progress in the area of practical activities | | |
| 6. | Implementation of individual internship programme | | |

Student ...................................................................... completed 240 hours of internship in the period from ……………………….................................... to ...................................................... .

**Observations concerning the student (optional):**

.....................................................................................................................................
.....................................................................................................................................
.....................................................................................................................................
.....................................................................................................................................
.....................................................................................................................................

...............................                ….......................................................................
Date                                                 Signature of Internship Supervisor
                                                      designated by the Receiving Institution

**PART III**

……………………………………….
Name of receiving institution

**CERTIFICATE OF INTERNSHIP COMPLETION**

I hereby confirm that the student

……………………………………………………………………………………………………………………………………
*(name and surname)*

of the ……………………………. year,

of …………………………………………………………………………………………………………………………...

has completed 240 hours/2 months of internship at

…………………………………….…………………………………….....……………………………………………...
*(name of institution)*

from ……………………………………… to ……………………………………………………….

No. of internship agreement: …………………………………………………………

The internship was carried out as part of the project entitled "We have POWER – investing in regional competences" co-financed from the Knowledge Education Development 2014-2020 Programme.

……………………………………………………………………………………….
Date and signature of Internship Supervisor