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(Practice office of the traineeship) City date

Attn: Chairperson of the Board of Examiners
DEPARTMENT OF SOCIAL WORK AND HEALTH
Kiel University of Applied Sciences
Sokratesplatz 2
24149 Kiel

Germany

Approval of the Practicum Agency to conduct the internship in accordance with the
Bachelor of Arts (B. A.) in SOCIAL WORK – course of study : _____
at the Department of Social Work and Health at the Kiel University of Applied Sciences.

Mr / Ms _____ Reg.-No.: _____¹
will be placed as an intern with this Practicum Agency according to the above regulations
required for internship during the time specified: from _____ to _____

The contents of the information sheet (¹ Enclosure) of the Kiel University of Applied Sciences for
the completion of internships during the training as a Social Educator / **Social Worker** is known
to this Agency.

Intended field instructor (name, position):

Preparatory training as a qualified mentor/instructor in the field of Social Work:

The trainee will be introduced to / trained in the following areas of Social Work:

(Signature and stamp of the authority practice)

-----, date:-----
(sign. of authorized representative of the traineeship)

¹ Enclosure: Information sheet