……..…………………………….. Kraków, day y.

*Name and surname*

…………………………………….

*Telephone numer and e-mail address*

Agricultural University named after H. Kołłątaj in Kraków

…………………………………….

*Faculty, filed and yer of study, mode of study*

…………………………………….

*Residential address*

**FOR:**

**APPLICATION FOR INTERNSHIP**

I would like to kindly ask for your consent to undergo frofessional practice in your company in the period from . . . . . . . . . . . . . . . . . . . . . y. to . . . . . . . . . . . . . . . . . . . ….y. for hours.

I hope that my education, enthusiasm and interests will allow me to conscientiously perform my duties.

I kindly ask you to positively consider my application.

………………………………………..

*Student’s signature*

Consent of the Employer’s Representative:

……………………………………………. ……………………………………………………….

*Date Signature of the person authorized to represent the company*

**Trainees – consent to the processing of personal data:**

I consent to the processing of my personal data contained in this application by:

… *(company name)*

In order to carry out the recruitment proces and sign an agreement on the organization of student internships with the Agricultural University named after Hugon Kołłątaj in Kraków – in accordance with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/WE (General Data Protection Regulation ) (DZ.U.UE.L2016.119.1).

……………………………………………. ……………………………………………………….

*Date Student’s signature*