T.C.
İZMİR KONAK
VOCATIONAL SCHOOL

RECORD OF INTERNSHIP

Full Name .....:

Student Number.....:

Programme.....:

Institution .....:

Lecturer .....:

20….-20…. FALL / SPRING

Mesleki becerisi olmayan toplumlar rekabet edemezler.

M. Atatürk

İZMİR KONAK
VOCATIONAL SCHOOL

20... - 20... ACADEMIC YEAR

STUDENT'S

Full Name : .....

Programme : .....

Student No. : .....

INSTITUTION'S

Name/ Title : .....

Adress : .....

Phone : .....

Internship
Starting Date : .....

Internship
Ending Date : .....

TRAINING SUPERVISOR'S

Full Name : .....

Title : .....

İZMİR KONAK VOCATIONAL SCHOOL

INTERNSHIP DIRECTIVE

You will begin your 30-working-day internship, which will be an essential step in transforming the theoretical education you received at our school into practice and productivity. We kindly request you to comply with the following details during your internship period, and wish you success in your duties.

This logbook has been prepared for the student to systematically record the work performed during the training period. The student is required to document their daily activities in detail and have them approved by the workplace supervisor. The logbook is to be submitted to the relevant department upon completion of the training.

Professional Training and Internship Coordination Office

A.BEFORE THE INTERNSHIP

1. Students must apply to the Professional Training and Internship Coordination Office for the determination of a suitable workplace and all necessary information regarding internship processes.
2. Students must obtain information about the Internship Application Form from Professional Training and Internship Coordination Office, and subsequently obtain the necessary signatures.

B.DURING THE INTERNSHIP

1. Submit The Record of Internship and Internship Assessment Form to the authorised representative of the workplace/institution.
2. During the internship, the intern is considered a member of the workplace/institution's staff and must comply with its working conditions.
3. Interns are expected to follow the instructions given by their supervisors at the workplace/institution.
4. Your work is expected to be assessed daily by your supervisor at the workplace/institution. In addition; add any attachments (images, projects etc.) by attaching them onto a sheet of paper, after the printed for has been filled out.
5. Have your daily work record signed by an authorised person at the end of each day.
6. Try to use the tools and equipment yourself during your internship. Make every effort to maximise your knowledge and experience.

C. PREPARATION OF THE RECORD OF INTERNSHIP

1. At the end of the internship, the ***THE RECORD OF INTERNSHIP*** must be checked by an authorised representative of the workplace/institution
2. The name, title and address of the workplace/institution where the internship was completed must be provided.
3. The Intern Attendance Record ***must be checked and signed by an authorised representative of the workplace/institution and certified with a stamp or seal***.
4. The Record of Internship must provide a detailed and organised account of the tasks performed and observed, practical activities carried out, and experience gained at the workplace. Drawings, photographs, tables, forms and similar documents must be included in the relevant sections or appendices in an appropriate order.
5. Answer the evaluation questions concerning the workplace and internship process included in The Record of Internship.
6. Relevant sections of the completed Record of Internship ***must be checked and signed by an authorised representative of the workplace/institution.***

D. AT THE END OF THE INTERNSHIP

1. Remind the authorised person to complete and sign the evaluation form, clearly indicating the student's internship start and end dates, and to send the completed form to our school.
2. Submit the Internship File to the Professional Training and Internship Coordination Office within 15 days at the latest.

İzmir Konak Vocational School
Daily Internship Journal

Date
……. / …. / ……..

…… Workday

Authorised Person
Full Name :……..

Signature :……..

İzmir Konak Vocational School
Daily Internship Journal

Date
……. / …. / ……..

…… Workday

Authorised Person
Full Name :……..

Signature :……..

T.C.
İZMİR KONAK VOCATIONAL SCHOOL

THE INTERN ATTENDANCE RECORD

Student's Full Name:……..... **Student No:…….**

(Upon completion of the internship, this form must be approved with the workplace's stamp and an authorised signature.)

Day	Date	Signature	Day	Date	Signature
1	...../...../20.....		26	...../...../20.....	
2	...../...../20.....		27	...../...../20.....	
3	...../...../20.....		28	...../...../20.....	
4	...../...../20.....		29	...../...../20.....	
5	...../...../20.....		30	...../...../20.....	
6	...../...../20.....		31	...../...../20.....	
7	...../...../20.....		32	...../...../20.....	
8	...../...../20.....		33	...../...../20.....	
9	...../...../20.....		34	...../...../20.....	
10	...../...../20.....		35	...../...../20.....	
11	...../...../20.....		36	...../...../20.....	
12	...../...../20.....		37	...../...../20.....	
13	...../...../20.....		38	...../...../20.....	
14	...../...../20.....		39	...../...../20.....	
15	...../...../20.....		40	...../...../20.....	
16	...../...../20.....		41	...../...../20.....	
17	...../...../20.....		42	...../...../20.....	
18	...../...../20.....		43	...../...../20.....	
19	...../...../20.....		44	...../...../20.....	
20	...../...../20.....		45	...../...../20.....	
21	...../...../20.....		46	...../...../20.....	
22	...../...../20.....		47	...../...../20.....	
23	...../...../20.....		48	...../...../20.....	
24	...../...../20.....		49	...../...../20.....	
25	...../...../20.....		50	...../...../20.....	

The student identified above completed a total of ..... working days of internship between ..... / ..... / 20…….. and …..... / ..... / 20.....

AUTHORISED PERSON
(Signature – Stamp / Seal)