

**Internship confirmation**  
(issued by the institution)  
**for students of the HLS Dornbirn, Ausbildungszweig Sozialmanagement**

**Sponsoring organization/ Institution:**

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Address/country: \_\_\_\_\_

Tel., E-Mail: \_\_\_\_\_

Contact: \_\_\_\_\_

We confirm that \_\_\_\_\_ ,  
( name)

student at the Höhere Lehranstalt \*Sozialmanagement und Fachschule für wirtschaftliche Berufe der Stadt Dornbirn, Haselstauderstraße 22, 6850 Dornbirn, can do an internship equivalent to a full-time job of \_\_\_\_\_ hours per week

from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)  
in our establishment.

The student can work in the following fields:

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Date, signature and stamp of the institution

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**The internship is**

**0 Approved**

**0 Not approved by the HLS Dornbirn**

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Internship supervisor

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Principal/stamp