

TR
ISTANBUL CITY UNIVERSITY
FACULTY / COLLEGE

INTERNSHIP
APPLICATION FORM

STUDENT'S													
Name		Department/Program											
Surname TR ID Number		Academic Year											
Date of Birth		Student Number											
Province/District of Residence		Phone Number											
PLACE TO DO INTERNSHIP													
Name / Title													
Address													
Phone Number		Fax Number											
Email Address		Web Address											
EMPLOYER OFFICIAL													
Name Surname			The above mentioned student is in our Institution / It is suitable for him/her to do an internship in our company. / /20.. Signature / Stamp / Seal										
Position and Title													
Phone Number													
Email Address													
Internship Start Date	/ /20..	Internship End Date	/ /20..										
Internship DurationDays													
Health Insurance	Student's Consent	Department / Program Approval	Faculty / College Approval										
About your health insurance Check the box. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px;"></td><td>Itself</td></tr> <tr><td></td><td>His mother</td></tr> <tr><td></td><td>His father</td></tr> <tr><td></td><td>Green Card</td></tr> <tr><td></td><td>None</td></tr> </table>		Itself		His mother		His father		Green Card		None	The information on the document is complete and accurate. declares that, arising from false information, I accept that all responsibility belongs to me. and in cases such as not going to the internship place or leaving it halfway, due to insurance procedures. I undertake to pay any legal fines that may arise. I do. I respectfully request that my internship documents be prepared. / /20.. Student	The above mentioned student had previously If a person has not applied for an internship and there is no problem in doing an internship, There is no. / /20.. Department / Program Head	The above mentioned student's internship SSI entry by preparing the documents any problem in doing so There is no. / /20.. Relevant Dean's Office / Directorate
	Itself												
	His mother												
	His father												
	Green Card												
	None												

Notes:

1. Students will be logged into SGK by Istanbul Kent University before the internship start date.
2. In accordance with the law numbered 5510, the obligation to pay the work accident and occupational disease insurance premiums of the student applying for internship belongs to the Istanbul Kent University Rectorate.

INTERN INFORMATION TEXT

This information text is about your personal data to be processed regarding your compulsory or optional internship application and your internship period if your internship application is accepted, within the scope of Article 10 of the Law on the Protection of Personal Data No. 6698 ("Law") and the Communiqué on the Procedures and Principles to be Complied with in Fulfilling the Obligation to Inform.

In order to inform you about your data, **Istanbul Kent** acts as the data controller.

Prepared by **the University ("Kent")** .

YOUR PERSONAL DATA PROCESSED WITHIN THE SCOPE OF THE INTERNSHIP

Kent as a result of the internship application form you have submitted to Kent and/or the internship placement processes obtained directly from your internship employer;

Your identity information (Name-Surname, TR ID Number/Foreign ID Number, Date of Birth) * ,

Your city student number,

Your health insurance information*,

Your phone number*,

The Kent department and program you are currently attending and the academic year*,

The location and dates of the internship, as well as your internship advisor's thoughts and notes on your development during the internship,

Storage of documents related to your application in physical and electronic media and internship placement

The development records kept by your internship advisor during the internship are evaluated during the internship process.

intern placement and follow-up processes by keeping and filing your reports

for the purposes of carrying out the activities in accordance with the legislation, in Article 5 of the Law

The data you provide will be processed by Kent on the legal basis that *"data processing is mandatory for the legitimate interests of the data controller"* and transferred to your internship employer; if you are applying for a compulsory internship, your data indicated with an asterisk next to the data you provide will be processed by Kent for the insurance notification and premium payments you will benefit from during your internship and will be used in the notifications to be made to the Social Security Institution, if you are applying for a compulsory internship, it will be processed by partially automated means on the legal basis *that "data processing is mandatory for the legitimate interests of the data controller"* and the same purposes will be achieved .

It will be transferred to authorized public institutions and organizations limited to what is necessary for the purpose.

Within the scope of Article 11 of the Law regulating the rights of the relevant person, you can submit your requests regarding the

processing of your personal data in accordance with the Communiqué on the Procedures and Principles of Application to the Data Controller.

You can forward it to Kent.

I have read, I understand, I approve.

Name Surname:

Signature: