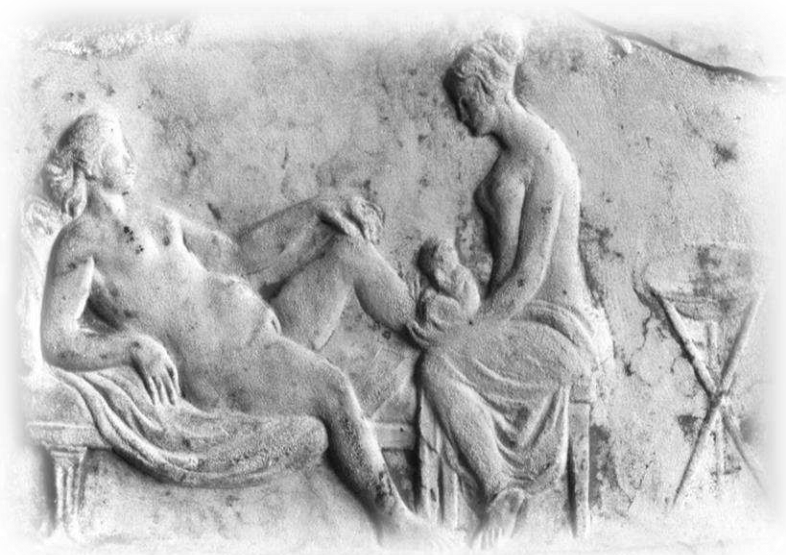




UNIVERSITY OF
WEST ATTICA
ΠΑΝΕΠΙΣΤΗΜΙΟ ΔΥΤΙΚΗΣ ΑΤΤΙΚΗΣ



Internship Workbook



*Department of
Midwifery*

*Faculty of Health &
Care Sciences*



UNIVERSITY OF WEST ATTICA
Faculty of Health & Care Sciences
Department of Midwifery

INTERNSHIP WORKBOOK



INSTRUCTIONS

1. *This internship workbook is kept by the trainee student during his/ her practical training and cannot be replaced by any other element of knowledge and evaluation.*
2. *The sheet with the tasks of the trainee's day is completed independently by him/ her, on a weekly basis, as well as the relevant space with any notes and observations.*
3. *The intern's employer, through the supervisor who is appointed, composes a weekly report on the intern's performance, completing the relevant table.*
4. *At the end of each month of internship, the intern prepares a report on his/ her work experience, in the special area of this book.*
5. *A monthly report is also composed by an internship professor, who is designated as the internship supervisor of the student intern, by the Department, in the special area of this workbook.*
6. *After completing the internship, the intern records, in the special area of this workbook, his/ her general observations about his/ her work experiences.*
7. *Similarly, the intern's employer, through the appointed internship supervisor, notes his/ her own observations in the special space of this book.*
8. *Finally, the supervising professor notes his/ her own observations, while the Head of the Department evaluates the internship training, in the special area of this book.*



ELEMENTS STUDENT'S INTERN

Name:

Surname:

Father's Name:

Year of birth:

Place of birth:

Place of residence:

Registration Number of the Student:

Employer:

Start of internship:

End of internship:



WEEKLY PRACTICE SHEET

SHEET NUMBER:		WEEK: from to	
DAY	SUMMARY OF WORKS PERFORMED (TIMESHEET)		HOURS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
Trainee's Signature: Date:		TOTAL WEEKLY HOURS:	

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NOTES —INTERN’S OBSERVATIONS				
				Intern’s Signature: Date:
SUMMARY OF PERFORMANCE REPORT FOR THE INTERN FROM THE EMPLOYER				
<i>ABILITIES APPRENTICE</i>	VERY GOOD	GOOD	AVERAGE	COMMENTS (Especially justified for any classification as EXCEPTIONAL or INSUFFICIENT)
<i>INITIATIVE — RESPONSIBILITY</i>				
<i>ABILITY TO COOPERATE</i>				
<i>QUALITY PERFORMANCE</i>				FOR THE EMPLOYER OR THE SUPERVISOR
<i>QUANTITATIVE PERFORMANCE</i>				
<i>DILIGENCE — EAGERNESS OBSERVANCE OF WORKING HOURS</i>				
				Name: Surname: Capacity as: Signature: Date:

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TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
Trainee's Signature: Date:		TOTAL WEEKLY HOURS:	

WEEKLY PRACTICE SHEET

SHEET NUMBER:				WEEK: from to	
<i>NOTES —INTERN’S OBSERVATIONS</i>					
				Intern’s Signature:	
				Date:	
<i>SUMMARY OF PERFORMANCE REPORT FOR THE INTERN FROM THE EMPLOYER</i>					
<i>ABILITIES APPRENTICE</i>	<i>VERY GOOD</i>	<i>GOOD</i>	<i>AVERAGE</i>	<i>COMMENTS (Especially justified for any classification as EXCEPTIONAL or INSUFFICIENT)</i>	
<i>INITIATIVE — RESPONSIBILITY</i>					
<i>ABILITY TO COOPERATE</i>					
<i>QUALITY PERFORMANCE</i>				<i>FOR THE EMPLOYER OR THE SUPERVISOR</i>	
<i>QUANTITATIVE PERFORMANCE</i>				Name: Surname: Capacity as: Signature: Date:	
<i>DILIGENCE — EAGERNESS OBSERVANCE OF WORKING HOURS</i>					

WEEKLY PRACTICE SHEET

SHEET NUMBER:		WEEK: from to	
DAY	SUMMARY OF WORKS PERFORMED (TIMESHEET)		HOURS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
Trainee's Signature: Date:		TOTAL WEEKLY HOURS:	

WEEKLY PRACTICE SHEET

SHEET NUMBER:				WEEK: from to	
<i>NOTES —INTERN’S OBSERVATIONS</i>					
				<i>Intern’s Signature:</i>	
				<i>Date:</i>	
<i>SUMMARY OF PERFORMANCE REPORT FOR THE INTERN FROM THE EMPLOYER</i>					
<i>ABILITIES APPRENTICE</i>	<i>VERY GOOD</i>	<i>GOOD</i>	<i>AVERAGE</i>	<i>COMMENTS (Especially justified for any classification as EXCEPTIONAL or INSUFFICIENT)</i>	
<i>INITIATIVE — RESPONSIBILITY</i>					
<i>ABILITY TO COOPERATE</i>					
<i>QUALITY PERFORMANCE</i>				<i>FOR THE EMPLOYER OR THE SUPERVISOR</i>	
<i>QUANTITATIVE PERFORMANCE</i>				<i>Name:</i> <i>Surname:</i> <i>Capacity as:</i> <i>Signature:</i> <i>Date:</i>	
<i>DILIGENCE — EAGERNESS OBSERVANCE OF WORKING HOURS</i>					

[illegible]

SHEET NUMBER:	FOR THE MONTH: from to
Internship Supervisor Signature: Date:	

[illegible]

[illegible]

[illegible]

[illegible]

