

Placement declaration for the social and healthcare assistant training programme

The placement declaration may be supplemented with an attached enclosure. In the enclosure the trainee's area of work and achieved goals at the end of the placement are described.

The placement declaration and possible enclosure may be completed by the person responsible for the trainee's placement, in cooperation with the trainee.

Name: _____

National Identity number: _____

Class number: _____

Has in the period from _____ to _____ completed the practical part of the training

Employer in DK: _____

Name of placement institution: _____

Level of Attainment

The trainee has achieved the goals for the placement according to the trainee's personal plan for training:

Yes _____

No _____

The placement is assessed as:

Approved _____

Not approved _____

Possible reasons for the result of the assessment, including the goals the trainee should continue to work with, in a coming placement.

It must be completed if the trainee's placement is assessed as not approved

Date:

Date:

Signature:

of the person with overall responsibility:

Signature:

of the placement supervisor:

When the internship is completed the original internship statement must be handed over to the trainee.