

Registration for internship

Students from Solothurn use this form to register for an internship in Poland, in Leszno. The internship lasts 3 weeks and takes place between 11th and 30th April 2026.

Mr/ Ms	_____	Date of birth	_____
First name	_____	<input checked="" type="checkbox"/> Apprentices must be 18 years old at the start of the internship.	
Surname	_____	Telephone	_____
Street and no.	_____	E-mail	_____
Postcode, town	_____	Nationality	_____

Language skills in English

Beginner (A2) O Intermediate (B1) O upper intermediate level (B2) O Advanced (C1) O

Emergency contact

First name	_____	Phone	_____
Surname	_____	E-mail	_____
Relationship	_____		
Mother, father, partner, etc.			

Training company

Vocational trainer	_____	Vocational trainers' phone	_____
Students' profession	_____	Teaching company	_____
Years of training	_____	Postcode, city	_____

Special information about the accommodation (information for the host family)

Special diet	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Smoker	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Pets possible	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Medical problems	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Medication	<input type="checkbox"/>	yes	<input type="checkbox"/>	no

Requests / comments:

Final provisions & signatures
For the training company

We release the student from his/her professional duties for a stay in Poland. The vocational school has been informed of the absence.

_____	_____	_____
Signature training company	Name (block capitals)	Date

For the students and parents (or legal guardians)

The student hereby confirms that he/she is insured against accidents and illnesses during the internship in Switzerland and that all the information provided above is correct.

The data may be passed on to the accommodation, the internship companies and to medical personnel.

The BBZ Solothurn-Grenchen recommends taking a travel and cancellation insurance.

The Registration is obligatory on behalf of the students and cancellation will incur costs.

Submission deadline: Please send the completed forms to brigitte.spielmann@bbzsogr.ch till 5th January 2026 at the latest .

Signature student

Name

(block capitals)

Date

Signature parents / legal guardian

Name

(block capitals)

Date

Enclosures

The complete application dossier contains the following documents:

1. this registration form
2. code of conduct
3. application letter
4. curriculum vitae in English