**Internship Plan /**

**Physiotherapy/Occupational Therapy B.Sc.  
  
Internship organisation**

|  |  |
| --- | --- |
| **Intern** | Klicken Sie hier, um Text einzugeben. |
|  | (First name and surname of intern) |
|  |  |
| **Internship organisation** | Klicken Sie hier, um Text einzugeben. |
|  | (Name und Address) |
| **Internship instructor** | Klicken Sie hier, um Text einzugeben. |
|  | (First name and surname of training instructor) |
|  |  |
| **Qualification oft he internship instructor** | Klicken Sie hier, um Text einzugeben. |
| **Period** | Klicken Sie hier, um Text einzugeben. |
|  | (Time period / semester) |

**Professional orientation of internship organisation**

|  |  |
| --- | --- |
| **Legal status, aims and duties of internship institution** | Klicken Sie hier, um Text einzugeben. |
|  |  |
|  |  |
| **Scope of practice (Physiotherapy/Occupational Therapy)** | Klicken Sie hier, um Text einzugeben. |
|  |  |
| **Target group** | Klicken Sie hier, um Text einzugeben. |
|  |  |
| **Methods and modes of working** | Klicken Sie hier, um Text einzugeben. |

**Content elements of training**Please write a short summary of the content of your internship:

|  |  |
| --- | --- |
|  | **Topics and duties** |
| **Duties and responsibilities** | Klicken Sie hier, um Text einzugeben. |
| **Key activities** | *(e.g. Rehabilitation etc.)* |
| **Learning fields** | *(e.g. clinic, surgery etc.)* |
| **Form of learning** | *(e.g. Job shadowing, participating at meetings, taking over certain duties, seminars specialist literature, Workshops etc.)* |
| **Form of guidance and content** | *(Feedback, supervision etc.)* |
| **Other activities** | *(e.g. acquiring knowledge, organising events etc.)* |

Please write down the timing of your duties:

|  |  |  |
| --- | --- | --- |
| **Period** | **Phase** | **Duties and focus** |
| *(Week/month)* | Introduction phase and orientation phase | *(Please write down the process in keywords)* |
| *(Week/month)* | Training phase | *(Please write down the process in keywords)* |
| *(Week/month)* | Independent phase | *(Please write down the process in keywords)* |
| *(Week/month)* | Final phase | *(Please write down the process in keywords)* |

Klicken Sie hier, um Text einzugeben.

(location, date) (Signature of organisation) (Signature of intern)