**STATEMENT OF TRAINING INSTITUTE FOR ABROAD INTERNSHIP**

***This statement is intended for the application for an internship as part of the postgraduate medical education of Public Health in the Netherlands***

***Regarding trainee***

Name: Click to enter text

Specialism/profile: Click to enter text

***Regarding training institute abroud***

1. Institution where the internship will be undertaken:

Click to enter text

1. Name and position of the specialist supervising the internship:

Click to enter text

1. Internship period:

Click to enter text

1. Content of the internship:

Click to enter text

1. Defined goal that aligns with the individual training plan:

Click to enter text

***The undersigned agrees with the internship in your institution***

**Date**: Click to enter text **Place**: Click to enter text

***Name: Signature***: