**INTERNSHIP’S BOOKLET**

**Integrated Medical Sciences |** First and second year

Intern (Surname and First Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship period: from \_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_\_/\_\_\_\_

Year: \_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_\_\_\_\_

Academic year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***According to the activities program, in the event that the intern attends multiple sites (ward, operating units, laboratories, university departments), both the frequency register and the evaluation form must be replicated and completed by each Professor in charge of attendance.***

**FREQUENCY REGISTER**

Intern (Surname and First Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site of activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DATE** | **N of Hours** | **ACTIVITIES UNDERTAKEN** | **Intern signature** | **Tutor signature** |
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Signature and Stamp of the Responsible Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This document must be signed daily by the tutor who follows the intern's activity, and at the end of the internship by the responsible Professor.***

**EVALUATION FORM**

Intern (Surname and First Name):: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Component of internship** | **EVALUATION\*** |
| Is the intern able to implement the acquired knowledge within the internship themes? |  |
| Does the intern demonstrate the ability to frame issues related to internship themes? |  |
| Does the intern have the capacity to gather information relevant to achieving predetermined objectives? |  |
| Does the intern orient towards decision-making processes concerning assigned tasks within the thematic areas of the internship? |  |
| Can the intern apply methodologies and utilize tools outlined in the activities they have participated in? |  |
| Does the intern adhere to the starting and ending times of shifts, dress appropriately for the role, and bring along all necessary items? |  |
| Does the intern demonstrate knowledge and awareness of the rules and organization of the internship site? |  |
| Does the intern interact appropriately with professional figures at the internship site? |  |
| Does the intern exhibit an active attitude? |  |

***FINAL EVALUATION: Approved/Not approved Final Judgment \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

\*Choose a vote from A (Excellent) to F (Sufficient) for each aspect and a final judgment.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Stamp of Tutor in charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_