



Fill in clearly with a pen, please!

Date: _____ . 2026

Student name: _____ Social security number: _____

Home address: _____ ZIP code & city: _____

Bank account nمبر: _____ Phone number: _____

IBAN-tilinumero sisältää 18 merkkiä

Class/Group ID number: _____

Name of work placement: _____

x) Daily working hours as per training agreement , e.g. 8.00-15.30

Meal allowance 2026

	MON	TUE	WED	THU	FRI	SAT	SUN
Date:							
Time:							

	MON	TUE	WED	THU	FRI	SAT	SUN
Date:							
Time:							

	MON	TUE	WED	THU	FRI	SAT	SUN
Date:							
Time:							

	MON	TUE	WED	THU	FRI	SAT	SUN
Date:							
Time:							

	MON	TUE	WED	THU	FRI	SAT	SUN
Date:							
Time:							

	MON	TUE	WED	THU	FRI	SAT	SUN
Date:							
Time:							

	MON	TUE	WED	THU	FRI	SAT	SUN
Date:							
Time:							

	MON	TUE	WED	THU	FRI	SAT	SUN
Date:							
Time:							

Calculations
 _____ days X 6,60 euros = _____ €

Date, signature, name

WORKPLACE MENTOR: _____

SUPERVISING TEACHER: _____