

Fill in clearly and with a pen, please! Date: . 2025

ne address: ZIP						ode & city:		
k account nmbr:					Phone number:			
linumero sisältää 18 merkkiä				Class/Group ID number:				
e of work	placeme	ent:						
ly working h	king hours as per training agreement , e.g. 8.00-15.30				Meal allowance			
	MON	TUE	WED	THU	FRI	SAT	SUN	
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Time:								
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Calculation	ns	1	/ 4=				£	
		days X	6,45	_ euros =			_ €	

WORKPLACE MENTOR:
SUPERVISING TEACHER: