

Registration of a Work Placement

Name, first name: _____

Study course: M.A. Psychology (English track)
M.A. Psychology Focusing on Organisation. Transformation
Processes in Work, Society and Environment

Study semester: _____

I hereby register and apply for a work placement consisting of ____ hours / ____ ECTS credits at:

Name and address of the work placement position/facility

**International Psychoanalytic University
Berlin**

Stromstraße 1
10555 Berlin

Work Placement Coordinator
Prof. Dr. Gavin Sullivan

Studies and Teaching Office
E-mail: master-psychology@ipu-berlin.de

Name of the specialist instructor in the work placement

Professional title, specialist instructor

The work placement position/facility is already recognised and approved by the IPU. (When in doubt, please check the database IPU connect: <https://connect.ipu-berlin.de/>)

I hereby request recognition and approval of the work placement position/facility by the work placement commission. I hereby enclose documents and information about the work placement position/facility.

The work placement has been approved: _____
signature of the work placement coordinator

Time period of the work placement from _____ to _____

My work placement supervisor on the part of the IPU is:

Name of the work placement supervisor at the IPU

I have agreed the following questions and issues with the supervisor, which I would like to explore on the basis of my observations at the work placement practice, as well as of the consolidation of my theoretical knowledge at the work placement:

Place, date

Signature, student

Place, date

Signature, work placement supervisor at the IPU

Confirmation of the work placement position/facility: We are prepared to conduct and provide instruction for the work placement under the specified conditions.

Place, date

Signature, manager/instructor at work placement