

WORK PLACEMENT SUMMARY

Academic Year: 20_ / 20_ _

Frame 1 : STUDENT	
Student's full name, Student's name and surname	Position : ICN1 Specify : Nancy / Metz
	☐ ICN2
	ICN3 Other :
	- Routes :
	- ARTEM Workshop :
Address : Complete and permanent address	Tel :
	E-mail: Valid e-mail that is checked periodically

Frame 2 : ORGANIZATION	
Organization :	Name, surname of the signatory representative :
Group (parent company) :	Job :
	Address :
Activity sector :	Post Code :
	Town :
Website:	Country :
	E-mail :
Place of internship	Supervisor in the workplace
Address :	Name, surname :
	Job :
Post Code :	Department / Office :
Town :	Tel: Fax:
Country :	E-mail :

Frame 3 : ASSIGNMENT	
Title :	Start date : End date :
Description:	

Frame 4 : CONDITIONS OF PLACEM	ENT
Weekly working hours: hours	Gross monthly salary : euros / month
	Terms of payment :
	Cheque
	Cash
Special circumstances for the trainee's prese	ence Additional services and benefits :
at the workplace at night, on Sundays, on pu	ıblic
holiday:	
□ No	
Yes Specify :	
How did you find this traineeship?	Possible reception of another ICN trainee? Yes
General application :	No
Forum	
Icncontact.com	Was it a pre-hiring traineeship?
Alumni network	No
Off-ICN advert	
Other Specify:	

	Remarque(s):	
Frame 5 : SUPERVISION OF THE TRAINEESHIP		
At ICN Business School	At the organization	
Has your educational tutor been available?	Was your supervisor close to your assignment?	
Have you needed any support?	Has he/she been available / responsive to your needs?	
Has he/she provided the necessary assistance?	Has he/she provided the necessary assistance?	
Opinions and suggestions :	Opinions and suggestions :	

Frame 6 : CRITICAL REVIEW OF YOUR EXPERIENCE		
Your academic training	Perspectives within the organization	
Has contributed to your achievement	According to you, what is the profile needed for this traineeship?	
One of your Routes :		
☐ No ARTEM Workshop : ☐ Yes Specify:	Would you recommend it to another trainee?	
	Opinions and suggestions for a future trainee :	
Has the traineeship met your expectations?		
In the light of this experience, would you choose the same Routes or Workshop?		
Critical analysis of the traineeship :		
Knowledge / skills / information that you have lacked :		
Impression of ICN Business School Nancy-Metz within this organization:		
Other remarks to the Corporate Connections and Placements Office or the Program's Directorate :		

Please add the present document duly completed to your Traineeship Report and send it to the Careers and Internships Office at evaluation-stage@icn-groupe.fr.

This information will remain strictly confidential. This form is for the exclusive use of the Careers and Internships Service and your ICN Program's Directorate.

Thank you for answering this form!