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| **Vacancy form for internship in the Master Healthcare Management** |
| Name organization |  |
| Address organization (location of the workplace) |  |
| Contact person |  |
| Application must be send to (please provide also an email- address) |  |
| Preferable data to start the internship  |  |
| Preferable duration of the internship |  |
|  |  |
| Short description of the organization |  |
| Short description of the internship and/or the assignment  |  |
| Additional information |  |