# **REGISTRATION DOCUMENT**

# STUDENT-INTERN / EXTERNAL COLLABORATOR

**PLEASE NOTE: NOT SIGNED = NOT VALID**

## Personal details

Name: Official first name:

Called name: Nationality:

Street:

Zip code: City/country:

Phone (*with land code*):

Email:

Date of birth: …………………………Passport number:

Car brand and license plate:

Correspondence address:

Street:

Zip code: .... City/country:

## Details of active period in UZA

Educational institution / organisation :………………………………………..

Starting date internship / UZA-activity :

Ending date internship / UZA-activity :

Study / status : …………………….

Study year: ………………………………………………………………………

UZA-department of internship/activity + UZA contact person:

I wish to use the badge for the :

O Scrub clothes vending machine

O Parking lot

Badge number :

**I hereby acknowledge that I have read and understood** [**the UZA quality and safety measures**](http://www.uza.be/sites/default/files/uploads/uza_kwali_waaier_kwaliteit_2016_def.pdf)**.**

**Signature:**

In case of internships please send this document to [stage@uza.be](mailto:stage@uza.be) at least two weeks before the start of the internship.