#  **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 at least two weeks before the start of the internship.