



Academy of Tourism and Hotel Management

MASTER DEGREE

Year of study: Semester:

Field: **TOURISM AND RECREATION**

Speciality:

INTERNSHIP BOOK

.....
Name and surname of student

.....
Album number

.....
Internship date

Place of internship

.....
.....
.....
.....
Name of tourism operator

.....
Signature of internship coordinator



I Week

.....
Name of tourism operator

Name and surname of student:

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held

.....
Stamp and signature of internship Supervisor



II Week

.....
Name of tourism operator

Name and surname of student:

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held

.....
Stamp and signature of internship Supervisor



III Week

.....
Name of tourism operator

Name and surname of student:.....

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held

.....
Stamp and signature of internship Supervisor



IV Week

.....
Name of tourism operator

Name and surname of student:

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held

.....
Stamp and signature of internship Supervisor



V Week

.....
Name of tourism operator

Name and surname of student:

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held:

.....
Stamp and signature of internship Supervisor



VI Week

.....
Name of tourism operator

Name and surname of student:

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held:

.....
Stamp and signature of internship Supervisor



VII Week

.....
Name of tourism operator

Name and surname of student:

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held:

.....
Stamp and signature of internship Supervisor



VIII Week

.....
Name of tourism operator

Name and surname of student:

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held:

.....
Stamp and signature of internship Supervisor



IX Week

.....
Name of tourism operator

Name and surname of student:.....

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held:

.....
Stamp and signature of internship Supervisor



X Week

.....
Name of tourism operator

Name and surname of student:.....

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held:

.....
Stamp and signature of internship Supervisor



XI Week

.....
Name of tourism operator

Name and surname of student:

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held:

.....
Stamp and signature of internship Supervisor



XII Week

.....
Name of tourism operator

Name and surname of student::

WEEK CARD

Week from..... r. until r.			
Day	Hours of work from - until	Number of working hours	Specification of activities

Confirmation from the workplace that classes have been held:

.....
Stamp and signature of internship Supervisor



Opinion of the Torism Operator about the internship completed by the Student

(diligence, responsibility, creativity, own initiative, carrying out tasks in a way that ensures own safety and that of the surroundings, respect for health and safety rules, ability to supplement and improve knowledge, correct identification of professional dilemmas in the field of practice, etc.)

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LEARNING EFFECTS achieved by the WSTiH second degree student during the internship:

LEARNING OUTCOMES FOR THE SUBJECT			
Code	Effects in terms of:	Completed	Not completed
Knowledge – Student knows and understands:			
W1	Has knowledge of the advantages and disadvantages and conditions of the various organisational solutions used in the tourism and leisure industry		
W2	Is familiar with the principles of effective communication with the business environment		
Skills - The student is able to:			
U1	Can create and select tourism/leisure products taking into account customer needs		
U2	Able to communicate with different customer groups		
U3	Has the organisational skills to plan and operate tourism/leisure activities		
U4	Has the ability to apply the knowledge gained in tourism and recreation and uses it in the course of work		
Social competences - The student is ready to:			
K1	Students are able to critically evaluate their own knowledge and understand the importance of knowledge in solving practical problems in the tourism and leisure industry.		
K2	The student interacts and works as part of a team, taking on a variety of roles		



K3	The student applies the principles of professional ethics in the provision of tourism and recreation.		
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Stamp and signature of internship Supervisor

Passing the internship:

Date of completion of internship:

I acknowledge ECTS point.

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Stamp and signature of internship Coordinator