

NEW BULGARIAN UNIVERSITY
Department of Cognitive Science and Psychology
PROGRAM: _____

APPLICATION FORM FOR ACCEPTANCE OF STUDENTS FOR INTERNSHIP

1. Exact name of the organization in which the internship will be held (organization - here - for a specific place – center, clinic, section, department, office, consultation practice, etc.):

2. Address of the organization:

3. Telephone number, fax number, e-mail: _____

4. Name and surname of the internship supervisor:

Education / degree: _____

Telephone number and office hours (for contact): _____

5. Description of the organization:

a) State institution; b) Municipal; c) Private; d) NGO; e) other _____

6. Year of establishment of the organization: _____

7. What are the main professional roles and activities of interns in your organization:

a) _____

b) _____

c) _____

8. Please specify the employees in the organization who can and who are willing to be supervisors of interns (name, surname, position, professional psychological experience):

Name and surname: _____ Signature: _____

Position and academic title: _____ Date: _____

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INTERNSHIP
ASSESSMENT FORM (TO BE FILLED IN BY THE SUPERVISOR OF THE INTERNSHIP)

Student (intern): _____ F No: _____

Organization in which the internship will be held:

Address and office telephone number of the organization:

Name and surname of the internship's supervisor:

Duration of the internship in this organization _____ hours

Date: _____ Signature: _____

Please, answer all the questions listed below, regarding the internship. Thank you!

1. Please, describe briefly the entry level of the student - intern according to your impression of him/her and provide your assessment with a score from 2 (lowest) to 6 (highest):

a) _____ (___)

b) _____ (___)

c) _____ (___)

2. Please, describe the objectives that you set out to reach (together with the student) during this internship in your organization?

a) _____

b) _____

c) _____

3. Please provide your assessment of the results achieved (knowledge, skills, experience) by the student. Proceed with an evaluation (from 2 as the lowest grade, to 6, as the highest grade).

a) _____ (___)

b) _____ (___)

c) _____ (___)

4. Did the trainee/ intern had enough possibilities to gain practical psychological experience in your organization?

1 2 3 4 5 6 7
Very few (limited) Exceptionally many

5. In how many studies (surveys, experiments, etc.) or in work on how many case studies was the student involved during his/her internship in your organization?

6. To what extent the student used the opportunities created by you to develop and enrich his/her skills?

1 2 3 4 5 6 7
To a very small extent To a very large extent

7. To what extent was the student well organised (accurate, systematic, planning oriented) during his/her work?

1 2 3 4 5 6 7
To a very small extent To a very large extent

8. Try to assess (in percentages) the amount of time the student has devoted during the internship for the following three types of activities (amounting to 100%):

- a) observing your work -%
- b) working together with you -.....%
- c) working independently -%

9. Which are **the strengths** of the student, whom you supervised?

10. Which are **the weaknesses** of the student, guided by you during the internship?

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INTERNSHIP PRACTICE – SELF-ASSESSMENT FORM (FOR THE STUDENT)

Name: _____ Surname: _____ F №: _____

Academic year: 20____/20____

Address: _____

Telephone No (mobile): _____

The professional area of the internship is:

* Clinical psychology _____

* Experimental psychology _____

* Social and organizational psychology _____

* Developmental psychology _____

* School psychology _____

* Neuropsychology _____

Start date (of the internship): _____

End date (of the internship): _____

Signature: _____

Please, answer all of the questions below regarding your internship. Thank you!

PART I (Before the internship)

1. Describe (briefly) the specific aims that YOU PERSONALLY set out to yourself to reach during this internship, in this organization (knowledge, skills, experience, etc.).

2. Why did you choose this place for the internship?

PART II (After the internship)

1. What are the skills (and to what extend) that you have mastered during this internship/at this place of internship? Describe and evaluate with a score from 2 (poor) to 6 (excellent).

- a) _____ (___)
- b) _____ (___)
- c) _____ (___)

2. Describe the skills that you expected to acquire and to train in, but you didn't? Why not?

- a) _____
- b) _____
- c) _____

3. Did you have enough work during the internship?

1 2 3 4 5 6 7
Too little Too much

4. Did you receive sufficient and adequate support from the internship's supervisor (attention, time, information, help, feedback, etc.)?

1 2 3 4 5 6 7
Not at all Fully

5. How useful was, for you, the internship (at this place)?

1 2 3 4 5 6 7
Not useful at all Highly useful

6. What else would you like to report in relation to this particular internship?
