



**CERTIFICATE CONCERNING
THE PROTECTION AGAINST WORK-ACCIDENTS
AND OCCUPATIONAL DISEASES
WORK-PLACEMENTS ABROAD**

SURNAME AND FIRST NAME OF STUDENT:

Student's ID number :

Education :

Commencement date :/...../..... Date of termination of the work-placement :/...../.....

Address of the work-placement:

.....
.....

Country:

NAME OF THE ESTABLISHMENT:

.....

I the undersigned.....

(Name and first name of the legal representative of the establishment or of the person who is entitled to sign)

swear on the honour:

(Tick the right box)

That the legislation of the country where my establishment is situated recognizes the protection of workers and interns against work-accidents and industrial diseases

And that my establishment has duly paid the contributions to cover work-accidents and industrial Diseases

If not,

That my establishment has taken out voluntary insurance to cover the Sciences Po Bordeaux student during his work-placement (please include copy of insurance certificate)

Place and date :
Signature and stamp of the establishment

L'étudiant doit retourner ce document original une fois complété au :
Bureau des Stages
11 allée Ausone – Domaine Universitaire – F-33607 Pessac Cedex - France
Mail : stages@sciencespobordeaux.fr