

OBRASCI ZA PROVOĐENJE STRUČNE PRAKSE NA DIPLOMSKOM STUDIJU PREHRAMBENO INŽENJERSTVO U OKVIRU PROGRAMA ERASMUS+ STRUČNA PRAKSA (SMP) ILI NEKOG DRUGOG SLUŽBENOG PROGRAMA (CEEPUS I DR.)

- 1. PROFESSIONAL PRACTICE REFERRAL OB-SP-01-2
- 2. WORK ASSIGNMENT OB-SP-02-2
- 3. PROFESSIONAL PRACTICE EVALUATION FORM OB-SP-03-2
- 4. PROFESSIONAL PRACTICE CERTIFICATE OB-SP-04-2
- 5. PROFESSIONAL PRACTICE PARTICIPATION EXPERIENCE OB-SP-05-2





PROFESSIONAL PRACTICE REFERRAL

	OB-SP-01-2
Revision: 2	Date: 30.08.2023.
Page 1 od 6	

Zagreb,

Professional practice period: -
STUDENT INFORMATION:
Name and Surname:
JMBAG:
Study programme: Food Engineering
Mentor at UNIZG FFTB:
PROFESSIONAL PRACTICE CARRIER INFORMATION:
Company / Institution:
Address:
City and postal code:
Contact person:
Phone:
E-mail:
Student is referred to professional practice in overall duration of 150 work hours through the period
of 1 month. Student is obliged to perform appointed work assignments diligently and with due care and attention and also by abiding all rules applicable to the company / institution employees in which the professional practice is held. If the student has fulfilled all his/her obligations, we kindly ask you to fill in the Professional Practice Evaluation Form (OB-SP-03-2) and issue the Professional practice certificate (OB-SP-04-2).
Professional practice manager:



WORK ASSIGNMENT

OB-SP-02-2

Revision: 1 Date: 30.08.2023.

Page 2 od 6

Zagreb,

In the period between	_		,	student				
of University of Zagreb Faculty of	Foo	d Techi	nolog	y and Biote	echnolo	ogy will be	underta	aking
professional practice in your respected	d org	ganizatio	on				i	n
					. I kir	ndly ask you	to enable	e the
student	to	fullfill	the	following	work	assigment	during	the
professional practice period:								
1.								
2.								
3.								
						Si	gnature	
Mentor at UNIZG FFTB								
With consent of:								
Mentor at professional practice carrier								
Student								



PROFESSIONAL PRACTICE EVALUATION FORM

	OB-SP-03-2
Revision: 1	Date: 30.08.2023.
Page 3 od 6	

EVALUATION OF STUDENT BY PROFESSIONAL PRACTICE CARRIER

We kindly ask you to give the filled form in closed envelope to the student which should hand it over to the menor at FFTB or send it to the address: Students' Office, n/r Vesna Deković, Faculty of Food Technology and Biotechnology, Pierottijeva 6, 10000 Zagreb, Croatia

Student Name and Surname:
JMBAG:
Professional practice carrier:

Please grade the student in each of the following categories by placing "X" in the right column of the table (1 – extremely dissatisfied, 5 – extremely satisfied). Additional comments are desirable.

CATEGORY	1	2	3	4	5	COMMENT
QUALITY OF PERFORMED ASSIGNMENTS						
precision, thoroughness						
QUANTITY OF PERFORMED ASSIGNMENTS						
quantity, speed, engagement						
COMPETENCE						
application of knowledge and experience						
LEARNING ABILITY						
Understanding, taking on new skills and ideas						
ABILITY TO ASSUME THE INITIATIVE						
creating ideas and seeking new tasks and responsibilities						
RELIABILITY						
reliability, conscientiousness, accuracy, presence at work						
ATTITUDE						
interest and willingness to accept work tasks, accepting instructions and feedback						
TEAMWORK ABILITY						
ability to work effectively with others, contribution to group activities						
COMMUNICATION SKILLS						
Oral and Written Expression						
GENERAL IMPRESSION						



PROFESSIONAL PRACTICE EVALUATION FORM

	OB-SP-03-2
Revision: 2	Date: 30.08.2023.

Page 4 od 6

Additional comments:				
Would you recommend the student	t to other employers?	YES	NO	
If you answered NO, explain why:				
Form filled by:	Date:		Signature:	

PROFESSIONAL PRACTICE CERTIFICATE

which confirms that student	has undertaken his/hers professional practice in this
organization during the period of	to
in overall duration of 150 work hours.	
During the professional practice student was p	performing the following asignments in
Student was mentored by:	
Mentor's contact information:	
	CTAMP
	STAMP
Date:	
	(



PROFESSIONAL PRACTICE EVALUATION FORM

OB-SP-05-2

Revision: 2

Date: 30.08.2023.

Page 6 od 6

Please describe what your experience of student practice is. Answers are used to document, evaluate, and improve student practice at PBF.

Student:	
Mentor at professional	
practice carrier:	
Organization:	
Professional practice	-
period:	
Role:	Student
	Mentor at professional practice carrier:
.	
	ons during professional practice. In which extent was the process
	you have any special difficulties? Do you think the practice will result in
positive outcomes?	
Please list your suggestic	ons for improving the performance of professional practice below and at
the back of the paper	