**ASEM Work Placement Internship Agreement**

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| **The Intern** | | | |
| Last name(s) |  | First name(s) |  |
| Date of birth |  | Nationality |  |
| Sex [M/F] |  | Academic year |  |
| Current study (subject + cycle) |  |  |  |
| Phone |  | E-mail |  |
| Passport number |  | Student number (home university) |  |
|  | | | |
|
| **The Sending Institution** | | | |
| Name |  | Faculty |  |
| Department |  | Address |  |
| [Country](https://www.iso.org/obp/ui/#search) |  | ASEM Contact  Name:  Function:  Email:  Phone: | |
|  | | | |
| **The Receiving Organisation / Host Company** | | | |
| Name |  | [Sector](http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN) |  |
| Department |  | Address |  |
| Website |  | Country |  |
| Size of enterprise (=number of staff) |  | Contact person  (name + function) |  |
| Contact person email |  | Contact person phone |  |

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| **INTERNSHIP PROGRAMME at the Receiving Organisation / Host Company** | | |
| Planned period of the mobility: | from | till |
| Number of working hours per week: |  | |
|  | | |
| Detailed programme of the internship period…(work schedule and tasks of the intern) | | |
|  | | |
| Knowledge, skills and competences to be acquired by the intern at the end of the internship | | |
|  | | |
| Monitoring plan (how will the intern be monitored and by whom + function in the organization ?) | | |
|  | | |
| Evaluation plan (how will the intern be evaluated by the host company ?) | | |
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| **English language competence of the intern** | |
| [CEFR](https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr.iehtml) (Language assessment grid) | A1 A2 B1 B2 C1 C2 |
| The intern’s language proficiency has been tested by the host company (via skype or other) and is considered sufficient to fulfill the intern’s tasks | Yes, date: …/…./…..  No  |

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| **The Sending Institution** | | | | |
| A) The internship is **embedded in the curriculum** and upon satisfactory completion of the internship, the institution undertakes to (tick where applicable): | | | | |
|  | award the following number of Credit Points | |  | |
|  | give a grade  based on ☞ | internship certificate ☐ | final report ☐ | interview ☐ |
|  | record the internship in the intern’s Transcript of Records | | | |
| **Or** | | | | |
|
| B) The internship is **voluntary** and upon satisfactory completion of the internship, the institution undertakes to (tick where applicable): | | | | |
|  | award credit points: No ☐ | | Yes  number of CP: | |
|  | give a grade  Yes  based on☞  No   No | internship certificate ☐ | final report ☐ | interview ☐ |
|  | Record the internship in the Transcript of Records: No ☐ Yes ☐ | | | |
|  | Record the internship in the intern’s Diploma Supplement (or equivalent) No  Yes  | | | |

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| **The Receiving Organisation / Host Company** |
| The intern will receive a financial support for the internship: No ☐ Yes ☐☞ €/month: |
| The intern will receive a contribution in kind for his/her internship: No ☐ Yes ☐☞  Please specify: |
| **The receiving organization / enterprise undertakes to ensure that appropriate equipment and support is available to the intern to carry out the tasks described in the internship agreement.** |
| Is the intern covered by an accident insurance? By receiving organisation ☐ By sending institution ☐ |
| The accident insurance covers:  - accidents during travels made for work purposes: Yes ☐ No ☐  - accidents on the way to work and back from work: Yes ☐ No ☐ |
| Is the intern covered by a liability insurance? Yes ☐ No ☐ |
| Upon (successful) completion of the internship, the host organization undertakes to issue an Internship Certificate (not later than 6 weeks after the internship) |

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| **Responsible person in the Sending Institution (academic / institutional supervisor)** | |
| Name |  |
| Function |  |
| Phone number |  |
| E-mail |  |
|  | |
| **Responsible person in the Receiving Organisation / Host Company ( company supervisor )** | |
| Name |  |
| Function |  |
| Phone number |  |
| E-mail |  |

**COMMITMENT OF THE THREE PARTIES**

By signing this document, the Intern, the sending institution and the Receiving Organization / Host Company confirm that they approve the proposed Internship Agreement and that they will comply with all the arrangements agreed by all parties.

The Intern and Receiving Organization / Host Company will communicate to the Sending Institution any problem or changes regarding the internship period.

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| **Signatures** |  |
| **The Intern** Intern’s signature  Date: |  |
| **The Sending Institution** Responsible person’s signature + stamp  Date: |  |
| **The Receiving Organization / Host Company** Responsible person’s signature + stamp  Date: |  |

Information on the ASEM Work Placement Programme:

<http://asem-education-secretariat.kemdikbud.go.id/awp/>