



INFORMATION SHEET - Internship

Student information

Last name:.....

First name:.....

Student number:..... Date and place of birth: __/__/____ in

Enrolled in :.....

Full address:.....

.....

In the event of any change in address since your last registration, please inform your school

Telephone:.....

Email:.....@.....

Teaching establishment

> Primarily registered in (field and degree level):

> Entity/Teaching and Research Unit:

Address:

Telephone:

Email:

> Course manager at the university:

Last name:

First name:

> Supervisor during the internship:

Last name:

First name:

Email: @

Supervision methods (internship monitoring, visits, email exchanges, frequency, etc.):

.....

.....

Work to hand in at the end of the internship:

.....

> **Insurance**

For all internship, note:

End date of coverage: **31/12/2025**

Name of insurance company: **MAIF UPPA**

Local health insurance organisation to contact in case of accident (at the intern's place of residence unless specially indicated otherwise):

.....

 **Host establishment**

Name of the establishment:

Full address:

Country:

Telephone: / / / /

Department/Division:

Type of establishment:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> governmental body | <input type="checkbox"/> association | <input type="checkbox"/> private company |
| <input type="checkbox"/> publicly-owned company | <input type="checkbox"/> cooperative | <input type="checkbox"/> other |

Main activity of the host establishment:

COMPANY REGISTRATION NO. (SIRET, SIREN, RCS, RP, etc.):

APE or NAF code:

Legal status (e.g.: SA, SARL, SNC, Ltd., LLC, etc.):

Headcount: 1 to 9 10 to 49 50 to 199 200 to 999 1000 +

Place of internship (*if different from the host organisation's primary address*)

Address:

.....

Country:

Telephone:

Fax:

Department/Division:

Internship supervision in the host organisation:

Host organisation's legal representative (Director, HR Director, etc): Note that for local authorities the mayor is the signatory.

Mr./Ms. First name, Last name:

Job title:

Tel.: / / / / /

Email:

Internship tutor:

Mr./Ms. First name, Last name:

Tel.: / / / / /

Email:

Job title:

Internship content (correctly and precisely written):

1/ Precise topic of internship:

2/ What is the educational project (internship goals and aim):

.....
.....
.....

3/ What is the content of the internship (activities given to the intern), role and tasks:

4/ Skills to acquire or develop:

 [Internship details](#)

Date of the internship: from __/__/__ to __/__/__

Length of internship in days actually worked: days

Length of internship in hours actually worked:

Number of days worked per week:

Number of hours worked per week:

NB: The maximum length of an internship in the same host organisation is 924 hours per academic year.

*This length is calculated according to the time of the intern's **actual presence** in the host organisation.*

Detail of the calculation:

1 day = 7 hours (consecutive or not)

1 month = 22 days (consecutive or not)

Continuous internship (every day of the week):

Internship broken up throughout the week:

complete days worked:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Internship broken up over the period: provide your school with a detailed schedule

Maximum working hours per week: hours minutes

YES

NO

Night-time work:

Work on Sundays:

Work on public holidays:

Stipend

A stipend is required for internships of over 308 hours in all host organisations in France, or 44 days on the basis of 7 hours/day, according to the intern's actual presence, whether or not the internship is continuous or not, full-time or part-time.

The minimum stipend is set at 4.05 euros per hour from 1st January 2023, to be paid to the intern without prejudice to reimbursement of internship fees or other benefits (applicable to France and its overseas territories and departments, except New Caledonia and French Polynesia).

STIPEND REQUIRED IF:

	1 month	+ than 2 months
1 day	22 days	+ than 44 days
7 hours	154 hours	From the 309th hour

> In case of mandatory or optional (granted by the company) stipend:

Stipend amount: _____ euros/month

* Write 0 if you receive no stipend (only for internship of less than 2 months)

* Local currency (ex. euros, pounds, dollars, etc.):

> Method of payment (cross out that which does not apply): bank transfer - cash - cheque

> Monthly benefits in kind listed and valued: (each benefit must have a monthly value)

Internship data must be approved by the course manager before the student can enter it into the ENT:

Date:

Signature:

Internship manager's overall impression

Please circle your response concerning the intern's behaviour.

Overall evaluation:	Exceptional	Above average	Interesting	Passable	Unacceptable
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INTERNSHIP MANAGER'S EVALUATION OF THE STUDENT INTERN'S PROFESSIONAL ABILITIES

Number corresponding to the level of mastery of professional skills:

- 0 cannot say (don't know)
- 1 totally inadequate
- 2 poor
- 3 average
- 4 very good

<u>Please circle the number</u>	0	1	2	3	4
Time management: gathers, arranges and organises information, schedules his or her activities	0	1	2	3	4
Productivity: puts skills to use, adapts to new tasks	0	1	2	3	4
Sense of responsibility: punctuality, trust, takes appropriate initiative	0	1	2	3	4
Judgement: has an open mind, asks the right person the right questions at the right time, understands the organisation's atmosphere and characteristics	0	1	2	3	4
Communication: clear, coherent, can summarise well	0	1	2	3	4
Interpersonal skills: actively participates in work groups, listens, is courteous, respects rules of discretion and confidentiality	0	1	2	3	4
Adaptability: accepts constructive criticism and makes corrections, adheres to the corporate culture	0	1	2	3	4
Sense of a job well done: is committed in their work, checks their work, seeks to improve	0	1	2	3	4
Other:	0	1	2	3	4
Comments:					

Place

Date

Internship manager's signature: