

INFORMATION SHEET - Internship

Student in	formation

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
> <u>Primarily registered in (field and degree level):</u>
> 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:		
> <u>Insurance</u>			
For all internship, note:			
End date of coverage: 31/12/2025			
Name of insurance company: MAII	F UPPA		
Local health insurance organisation	on to contact in case of ac	cident (at the intern's place o	of residence unless specially
indicated otherwise):			
Host establishment			
Name of the establishment:			
Full address:			
Country:			
Telephone:///			
Department/Division:			
Type of establishment:			
□ governmental body	□ association	□ private company	
□ publicly-owned company	□ cooperative	□ other	
Main activity of the host establishm	ment:		
COMPANY REGISTRATION NO. (SIR	ET, SIREN, RCS, RP, etc.):		
APE or NAF code:			
Legal status (e.g.: SA, SARL, SNC, Lt	d., LLC, etc):		
Headcount: □ 1 to 9 □ 10 to	49 □ 50 to 199	□ 200 to 999	□ 1000 +
Place of internship (<i>if different fror</i> 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 writte	<u>en):</u>
1/ Precise topic of internship:	
2/ What is the educational project (internship goal	s and aim):
3/ What is the content of the internship (activities	given to the intern), role and tasks:
4/ Skills to acquire or develop:	

> II	nternsl	nip d	etails

Date of the internship: from/_/	to/_	<i></i>			
Length of internship in days actually w	orked:	days	Length of inter	nship in hours actually w	<u>/orked</u> :
Number of days worked per week:		Numb	er of hours worked per	week:	
NB: The maximum length of an in	ternship in the	same hos	t organisation is 924 hou	rs per academic year.	
This length is calculated accordi	ng to the time	of the inte	rn's <u>actual presence</u> in th	e host organisation.	
	Detail o	f the calcu	lation:		
	1 day = 7 hou	ırs (consec	utive or not)		
2	1 month = 22 a	lays (conse	ecutive or not)		
Continuous internship (every day of th	e week): 🗆				
Internship broken up throughout the v	veek:		complete days worked:	Monday	
				Tuesday	
				Wednesday	
				Thursday	
				Friday	
				Saturday	
Internship broken up over the period:	provide your s	chool with	a detailed schedule		
Maximum working hours per week:	hours	minut	tes		
	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 3.90 euros per hour from 1rst january 2020, 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 <u>listed and valued:</u> (each benefit must have a monthly value)

Internship data must be approved by the course man	nager 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

INTERNSHIP MANAGER'S EVALUATION OF THE STUDENT INTERN'S PROFESSIONAL ABILITIES

Number corresponding to the level of mastery of professional skills:

cannot say (don't know)
totally inadequate
poor
average
very good

Please sirele the number		1	2	3	1
Please circle the number	0	1		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:			
Comments.			

Place Date

Internship manager's signature: