

INFORMATION SHEET - Internship

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\	Student	information	٦
	Stauciit	minormation	٠

Last name:
First name:
Student number: Date and place of birth:/ in in
Enrolled in :
Full address:
In the event of any change in address since your last registration, please inform your school
Telephone:
Email:@
You are registered with Social Security:
□ as a dependent (you are first-time entering the University)
□ as a student (you were already registered at the University)
Which is your health insurance provider:
□ CPAM □ VITTAVI
□ LMDE □ Other
Social security number required for abroad://///
If you are going abroad, check with your school to make sure that your SS no. is up to date in APOGEE.
Special cases:
□ voluntary insurance contributions
□ foreign student
□ employee
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:
> <u>Insurance</u>
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:				
□ governmental body	□ assoc	iation	□ private company	
□ publicly-owned company	□ соор	erative	□ other	
Main activity of the host establ	ishment:			
COMPANY REGISTRATION NO.	(SIRET, SIREN, RO	CS, RP, etc.):		
APE or NAF code:				
Legal status (e.g.: SA, SARL, SNC	C, Ltd., LLC, etc):			
Headcount: □1 to 9 □10) to 49	□ 50 to 199	□ 200 to 999	□ 1000 +
Place of internship (<i>if different</i>)			•	
Address:				
Country:				
Telephone:		Fax:		
Department/Division:				
Internship supervision in the h	-			
Host organisation's legal repre	sentative (Direc	tor, HR Director	, etc): Note that for local autho	rities the mayor is the
signatory.Mr./Ms. First name, Last name:				
ivii., ivis. i list hame, Last hame.	•			
Job title:				
Tel.:///				
Email:				
Internship tutor:				
Mr./Ms. First name, Last nar	ne:			
Tel.:///				
Email:				
Job title:				

Internship content (correctly and precisely written):					
1/ Precise topic of internship:					
2/ What is the educational project (internship goals a					
3/ What is the content of the internship (activities given	en to the	intern), role and ta	sks:		
4/ Skills to acquire or develop:					
Internship details Date of the internship: from// to//	/				
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<u>Length of internship in days actually worked</u> : d	ays	<u>Length of</u>	<u>internsnip in</u>	hours actually v	<u>vorkea</u> :
Number of days worked per week:	<u>Numb</u>	er of hours worked	d per week:		
NB: The maximum length of an internship in the	same hos	t organisation is 92	4 hours per a	cademic year.	
This length is calculated according to the time o	of the inte	rn's actual presenc	e in the host o	organisation.	
·	the calcu				
1 day = 7 hour		•			
1 month = 22 do	ays (conse	ecutive or not)			
Continuous internship (every day of the week): □					
Internship broken up throughout the week:		complete days wo	orked:	Monday	
				Tuesday	
				Wednesday	
				Thursday Friday	
				Saturday	
				Jacarday	

<u>Internship broken up over the period</u>: provide your school with a detailed schedule

	YES	NO			
Night-time work:					
Work on Sundays:					
Work on public holidays:					
Stipend					
A stipend is required for inter	nships of over 308 hours	in all host organisations in France	e, or 44 days on the basis of 7		
hours/day, according to the i	ntern's actual presence, v	whether or not the internship is co	ontinuous or not, full-time or		
part-time.					
·	ship fees or other bene	m 1rst january 2020, to be paid to efits (applicable to France and esia).			
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 app Date:		ger before the student can enter it i	nto the ENT:		

Maximum working hours per week: hours minutes

Internship manager's overall impression

Please circle your response concerning the intern's behaviour.

Overall evaluation:	Exceptional	Above average	Interesting	Passable	Unacceptable
Overall evaluation.	LACEPTIONAL	Above average	interesting	rassable	Offacceptable

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

Please circle the number	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: