**LEARNING AGREEMENT FOR INTERNSHIPS**

**Sections 1 and 2 of this form should be completed before you commence the internship overseas.**

**Section 1 – Contact details**

**The Student**

|  |  |
| --- | --- |
| **a) Full Name:** |  |
| **b) Study Level:** |   |
| **c) Field of Study:** |  |

**The Home University**

|  |  |
| --- | --- |
| **d) Name and address:** | The University of Cambridge, The Old Schools,Trinity Lane, Cambridge, CB2 1TN, UK |
| **e) Department and Faculty:** |  |
| **f) Departmental Coordinator name, email, phone:** |  |

**The Host Organisation**

|  |  |
| --- | --- |
| **g) Name of Organisation:** |  |
| **h) Address (including postcode) and website where applicable:** |  |
| **i) Country:** |  |
| **j) Number of Employees:**  | € less than 250 € more than 250 |
| **k) Hosting Department:**  |  |
| **l) Supervisor name, position, email, phone:** |  |

#### **Section 2**

#### **I. PROPOSED INTERNSHIP PROGRAMME**

|  |
| --- |
| **a) Planned period of the internship**: from [day/month/year] ….…….………….till [day/month/year] …………………. |
| **b) Number of working hours per week** (minimum 25 hours per week or 12 hours per week for British Council language assistants)**:** |
| **c) Job title:** |
| **d) Detailed programme of the internship period** (tasks to be carried out by the student, deliverables and timeframes): |
| **e) Knowledge**, **skills and competences to be acquired by the intern at the end of the** **internship** (learning outcomes) * Advanced language skills: reading, writing, speaking, listening.
* Practical experience in the chosen area.
 |
| **f) Monitoring plan** (how/when the home university and host organisation will monitor the student, number of supervision hours, any involvement of a third party e.g. a university within the host country – please specify if so)* Contact with home university by email.
* Monitoring by host organisation**.**
 |
| **h) Evaluation plan** (assessment criteria used to evaluate the student’s progress e.g. initiative, adaptability, communication, teamwork, organisational and foreign language skills)* Successful completion of contracted tasks.
 |
| **j)** The receiving organisation/enterprise will provide financial support to the intern for the internship: Yes 🞏 No 🞏 If yes, amount per month: The receiving organisation/enterprise will provide a contribution in kind to the intern for the internship: Yes 🞏 No 🞏 If yes, please |

**II. COMMITMENT OF THE THREE PARTIES**

**Please send the Learning Agreement to your departmental contact at the host company for signature, then sign the document yourself and forward it to your Cambridge departmental co-ordinator for final signature.**

By signing this document, the intern, the home university and the host organisation confirm that they approve the Learning Agreement and that they will comply with all the arrangements outlined.

Once signed, any changes to the internship programme should be communicated to the home University, and approved by completing Section 3 of the Learning Agreement.

Upon completion of the internship, the host organisation undertakes to complete section 4 (Internship Certificate) within 5 weeks after the end of the internship.

**Commitment**

|  |
| --- |
| **The student’s name:****Email: Position:** StudentSignature Date:  |
| **Home University – Departmental Coordinator:** **Email:**  **Position:** Signature Date:  |
| **Supervisor at host organisation name:** **Email: Position:** Signature Date:  |

**Section 3**

**To be completed during the internship if there are major changes to the proposed internship programme**

**Changes to the internship**

|  |
| --- |
|  |

The intern, the home university and the host organisation confirm that the proposed amendments to the internship are approved.

**Approval by e-mail or signature from the student, the responsible person in the home university and the responsible person in the host organisation.**

**Changes**

|  |
| --- |
| **The student: Name** **Email: Position:** StudentSignature Date:  |
| **Home University – Departmental Coordinator:****Email: Position:** Signature Date:  |
| **Supervisor at host organisation Name:** **Email: Position:** Signature Date:  |

**Section 4**

#### **INTERNSHIP CERTIFICATE**

**To be completed at the end of the internship**

|  |
| --- |
| **Name of the intern:** |

|  |
| --- |
| **Name of the host organisation:**  |

|  |
| --- |
| **Start and end of the internship:**from *[day/month/year]* …………….till *[day/month/year]* ……………. |

|  |
| --- |
| **Job title:** |

|  |
| --- |
| **Programme of the internship period including tasks carried out by the intern:** |

|  |
| --- |
| **Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):** |

|  |
| --- |
| **Evaluation of the intern:** |

**Date:**

**Name and signature of the responsible person at the host organisation:**