# Text Description automatically generatedInternship Application

***(to be completed by the Non-Academic Partner in consultation with the student)***

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| **Employer/ Non-Academic Partner Details** | | | |
| **Organisation Name** | Click or tap here to enter text. | **Location** | Click or tap here to enter text. |
| **Primary Contact / Internship Supervisor** | Click or tap here to enter text. | **Department** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. | **Telephone Number** | Click or tap here to enter text. |

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| **Intern/ Student Details** | | | |
| **Name** | Click or tap here to enter text. | **Email Address** | Click or tap here to enter text. |
| **Student ID** | Click or tap here to enter text. | **Telephone Number** | Click or tap here to enter text. |

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| **Please provide a summary of the nature of the internship, including details of the duties and primary responsibilities of the intern:** |
| Click or tap here to enter text. |

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| **Please provide details of the workplace supervision the student will receive, and of any further support that will be provided:** |
| Click or tap here to enter text. |

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| **The internship is expected to have a significant knowledge exchange element; please use the space below to list the anticipated learning objectives of the *student* during the placement.**  **The objectives should demonstrate benefits to the student’s academic research, but may also include general employability skills:** |
| Click or tap here to enter text. |

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| **Now please demonstrate the predicted benefits the *host organisation* will gain from working with the intern. The benefits should be linked to the student’s PhD research and relevant academic or other skills:** |
| Click or tap here to enter text. |

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| **Please provide a detailed break-down of the budget requested for this internship (e.g., travel, accommodation, subsistence, other). If appropriate, please indicate the extent to which the Non-Academic Partner (NAP) would be able to contribute to the cost of the internship.** |
| Click or tap here to enter text. |

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| **Start Date of Internship** | Click or tap here to enter text. |
| **End Date of Studentship** | Click or tap here to enter text. |
| **Number of Working hours (per week, maximum 37)** | Click or tap here to enter text. |

# Roles and Responsibilities

The SCDTP may withdraw funding if the student does not abide by the terms of this agreement.

## In undertaking this internship, the student agrees to:

* Discuss the timing and nature of the internship with their academic supervisors and the SCDTP Manager and ensure that the appropriate paperwork is submitted to the university to report their absence from their course of study.
* Make travel arrangements and, if necessary, find suitable accommodation for the duration of the internship
* Ensure that they have taken account of the costs involved in undertaking the internship and have adequate financial support to meet these.
* Contribute to the internship in a professional manner and fulfil the demands of the internship to the best of their abilities, as laid out in this Internship Plan
* Undertake any initial induction or training recommended by the host organisation.
* Communicate regularly with the assigned point of contact within the host organisation.
* Disclose any specific needs or difficulties that might affect them while on a placement.
* Advise the internship manager if any difficulties arise before or during an internship placement.
* On completion of the internship, complete the feedback questionnaire and report and any evaluation materials provided by the host organisation.

## If travelling overseas during the internship the student must:

* Ensure that their passport is in date (with at least 6 months validity before return date).
* Obtain visa and work permits where needed.
* Conduct a full university risk assessment and any risk assessments provided by the host organisation.
* Arrange to have any necessary vaccinations and other medical screening as advised.
* Use the [FCO](https://www.gov.uk/foreign-travel-advice) website for the latest travel advice, students are responsible for their own travel decisions.
* Obtain adequate travel and medical insurance which includes cover for personal money and property risks; any emergency medical expenses; and repatriation in case of a medical emergency or death.

## The Employer takes responsibility to:

* Provide the internship project and support as described in the Internship Plan
* Provide the intern with an appropriate workspace and the equipment necessary to carry out the internship project work.
* Cover any additional costs directly associated with the work undertaken during the internship.
* Comply with local health and safety obligations in relation to the internship.
* Provide assurance that your organisation’s insurance will cover potential liability that may arise from the internship.
* Where necessary, sponsor the student for a visa covering the duration of the internship.
* Provide feedback to the University of Southampton by evaluating the intern at the end of the placement and inform the SCDTP Manager if there are any problems with the internship ([scdtp@soton.ac.uk](mailto:scdtp@soton.ac.uk))

# Declaration

We agree to this internship plan and to the roles and responsibilities of the student and employer as laid out above. If the student or employer does not fulfil the expectations of the Internship Plan the other party may terminate the internship.

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| **Employer:** | |  | **Intern/Student:** | |
| **Employer’s Name** | Click or tap here to enter text. |  | **Intern’s Name** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |  | **Date** | Click or tap here to enter text. |

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| **Employer’s Signature** |  | **Intern’s Signature** |

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| **Intern/Student’s PhD Supervisor Support:** | |  | **SCDTP’s Manager Approval:** | |
| **Supervisor’s Name** | Click or tap here to enter text. |  | **SCDTP Manager’s Name** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |  | **Date** | Click or tap here to enter text. |

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| **Supervisor’s Signature** |  | **SCDTP Manager’s Signature** |

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