**REQUEST FOR GAP YEAR UNDER EMPLOYMENT STATUS – Last updated 10/07/23**

**(Non-contractual document)**

❒ Mandatory employment

❒ Optional employment

❒ Gap YearJob ❒ Gap Year Exchange

**How did you find your internship?**

**❒** iaelyon Network **❒** Link’Iae  **❒** Corporate Careers Website **❒** Unsolicited Application **❒** Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*  Application form must be submitted at least 15 days before internship’s start.
* Required documents : Copy of employment contract.

**EMPLOYEE**

Last Name : **…………………………………………** First Name : …………………………….……………………

Education Program ❒ Vocational Training Program ❒ Student ID : …………………………………...

Gender: W □ M □ Birthdate : \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Birthplace : ……………………………………..

Address : …………………………………………………………………………………………………………………......

…………………………………………………………… ZIP : ………………. City : ………………………...

Country : ………………………………………………….. Phone : …………………………………..

E-mail : …………………………………………………..……………………………………….

**DEGREE** : ……………………………………………………...…………………………………………………………….

Hourly Volume Program : ………………… Hours

**REFERENT TEACHER  :**

Last Name : **…………………………………………** First Name : …………………………….……………………

Phone : …………………………... E-mail :…………………………………………………………………...…...

Position :……………………………………………………………………………………………………

Educational Manager ❒ Permanent Teacher ❒ Temporary Teacher ❒ Other ❒………….……

**COMPANY**

Name  :**………………………………………………………………………………………………………………..**

Address : ……………………………………………………………………………………………...………………………..

ZIP : ………………. City : ………………………..……... Country : ………………………………………………….

Administrative referent full name : ………………………………………………………………………

E-mail : ………………………………………………………. Phone  : …………………………………..

ID of the Company ………………………………………………………

Total workforce : …………… Workforce at the address : …………… Created in year  ……………….

Website ………………………………………………….. Activity : ………………………………………………

Department in which the job will be conducted: ……………………………………………………………

Location (if different from the company) :……………………………………………….

……………………………………………………………………………………………………………………………………

Represented by (**agreement signatory**) : M. □ Mrs □: …………………………………………………....

Position : ……………………………………………………………………………………………..……..

Phone : ……………………………….. e-mail : …………………………………………………………………………..

**EMPLOYEMENT COORDINATOR**

Full name : M. □ Mrs □: ………………………………………………………………………………….....

Position : ….………………………………………………………………… Phone : ………………………...

E-mail: ………………………………………………………………………………………………………………………………

**JOB :**

**Dates : From : ……………… To : ………………** (Maximum September 30th from current university year Representing a **total duration** of …………… (Hours / Weeks / Month – cross out the inappropriate item)

Tasks (business field/position) : ……………………………………………………………………………………………………………….

Mission summary …………………………………………………………………………………………………………..…

……………………………………………………………………………………………………………………………………

Special working time schedule: yes □ no□ specify: ……………………(**for** **example 09h12h00-13h00-17h00)**

Distribution, in case of discontinuous attendance: ……………..… (Number of hours per week or hours per day – cross out the inappropriate item). Corresponding to ………… actual hours of attendance at the company

Vacation : Yes□ No□ **Specify the number of vacation days…..**

**Indicate your remote working address if you have it……………**

Special features (nightworking, sunday, or holiday) yes □ no □

Specify : ………………………………………………………………………………………………………………………

**Wage :**  Amount  □: …………………………………………... (monthly, weekly, hourly)

Additional benefits : …………………………………….…………………………………………………………..

Wage terms and conditions : Monthly prorata temporis □ Overall unique payment (monthly equals) □

Social security center to call in case of accident (intern’s residence or exception): …………………………………………………………………………………………………………………………………………

Social security provided by the company ? yes □ no □ (By checking the appropriate box, the host organization indicates whether it provides health insurance coverage to the intern under local law)

PRECISE MISSION DETAILS – Agreed by Referent Teacher + Copy of job description

**Environment/Context :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Skills to acquire or develop :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Tools provided :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Information provided in this application form by iaelyon are meant for internship administration management.

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| --- | --- | --- |
| Host Organization  ……………………………………...  Date :  Mandatory signature and stamp : | Referent Teacher Full Name  ……………………………………….  Date :  🞎 Subject agreed  🞎 Incomplete subject  Signature : | Coordinator Teacher Full Name  ……………………………………..  Date :  🞎 Subject agreed  🞎 Incomplete subject  Signature : |

Organization’s title and internship coordinator details will be available for consultation to our students searching internship opportunities for three years. According to data-processing and liberties law, you have the right to correct or oppose regarding your personal data. In that case, please contact the iaelyon’s Internship-Careers department ([conventiondestage.iaelyon@univ-lyon3.fr](mailto:conventiondestage.iaelyon@univ-lyon3.fr)).