**INTERNSHIP APPLICATION FORM – Last updated 10/07/23**

**(Non-contractual document)**

❒ Mandatory Internship

❒ Optional Internship

❒ Gap Year **internship** ❒ 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 : Student ID Card copy or School Certificate copy, Private Liability Insurance. Caution! : for internship abroad please add repatriation insurance, medical expenses abroad coverage, juridic support.

**INTERN**

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 :…………………………………………………………………...…...

Fonction (ou discipline) :……………………………………………………………………………………………………

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

**HOST ORGANIZATION**

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 internship will be conducted: ……………………………………………………………

Location of internship (if different from Host Organization) :……………………………………………….

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

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

Function : ……………………………………………………………………………………………..……..

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

**INTERNSHIP COORDINATOR**

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

Function : ….………………………………………………………………… Phone : ………………………...

E-mail: ……………………………………………………………(**E-mail with name and first name if you choose electronic internship agreement**)……………………………………………………

**INTERNSHIP :**

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

Internship subject (business field/position) : ……………………………………………………………………………………………………………….

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

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

Fitting working time schedule : yes □ no□ specify (**for** **example 09h-12h00 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 host organization

Vacation : Yes□ No□ (**specify the number of vacation days**)

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

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

**Wage :** Non-paid □ Legal minimum wage (15% du plafond de la Sécurité Sociale) □ Higher wage than legal minimum □: …………………………………………...

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 host organization ? (internship abroad) 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 – Completed by the company then Agreed by Referent Teacher

**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.

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).

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