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|  | Dossier suivi par :Rose CLERICI – Bureau pédagogique LLSH du CESTél. 02 54 08 52 99rose.clerici@univ-orleans.fr**Centre d’études supérieures – 90 av François Mitterrand 36000 CHATEAUROUX**  |

Data and details file concerning internships

All boxes are to be filled out by the student, in collaboration with the internship provider. This file must be handed in at the internships' office, or dispatched by ordinary post, or sent via e-mail to the following address : rose.clerici@univ-orleans.fr

**Student**

Student’s enlistment number **==> Compulsory** : (7 digit number on student’s card)

 [ ]  Ms [ ]  Mrs [ ]  Mr Name : First name :

Mobile phone number :E-mail address :

Enrolment :

 Incomplete files will not be processed. It is of the student’s responsibility to ensure all necessary data has be provided.

Curriculum level : [ ]  L1 [ ]  L2 [ ]  L3

Curriculum : [ ]  LEA

[ ]  Histoire

National health number :

CPAM (health Insurance Fund) of affiliation :

How was the internship found and selected ?

[ ]  Answer to an internship offer [ ]  Spontaneous application [ ]  Personal network and acquaintances

**The internship provider**

Name of company or administration :

Full postal address :

Postal code : Town : Country :

Landline phone : E-mail address :

Main activity :

Manpower size : staff

Type of provider (administration, institution, association or society, private business) :

If a private business or corp. indicate legal status :

**The Internship supervisor** of the internship provider **:**

Name : First name : Status, function :

Landline phone : Mobile phone : E-mail :

**Represented by the head of the internship provider** (distinct from the internship supervisor) :

Name : First name : Status, function :

Landline phone : Mobile phone : E-mail :

**Internship**

Location of internship (if different from address of internship provider) :

Full postal address :

Postal code :  City :

Is the internship 100% telework ? [ ]  yes [ ]  not

Dates. Internship from  to **==> COMPULSORY**

Total hours :       Duration in weeks :- Working hours per week :

Other :

Service or department in which the student will be involved :

The internship [ ] is paid [ ] not paid

**If yes** : retribution amount : € per [ ] hour [ ] per month after tax

Drafted by means of : [ ]  bank payment [ ]  Check [ ]  Cash

Advantages, bonuses granted to the intern :

Vacation, days off :

To fill out by the internship provider for the validation of the internship by the teaching team :

Subject of the internship : **==> COMPULSORY** :

Activities, duties entrusted to the intern **==> COMPULSORY** :

Skills required or to acquire :

**Supervision of the intern**

|  |  |
| --- | --- |
| **For the provider :** [ ]  Ms [ ]  Mrs [ ]  MrFirst name : Name : Function : Phone : E-mail : **Signature** :  | **The university supervisor :** [ ]  Ms [ ]  Mrs [ ]  Mr First name : Name : **Signature** :**Teacher head of the academic training-curriculum :** [ ]  Ms [ ]  Mrs [ ]  Mr First name : **CLAIRE**Name : **DECOBERT****Signature** : |

**NB internship providers :** the law imposes the signature of an internship convention/contract PRIOR to the beginning of an internship.

The present form must be handed in at the internships office, or posted or sent via e-mail to rose.clerici@univ-orleans.fr for the convention/contract to be edited.