|  |  |
| --- | --- |
|  | Bureau des stages et de l’insertion professionnelle  🕿 02 38 41 71 44  [stages.llsh@univ-orleans.fr](mailto:stages.llsh@univ-orleans.fr) |

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 : [stages.llsh@univ-orleans.fr](mailto:stages.llsh@univ-orleans.fr)

Compulsory internship  Optional internship

**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 :

Full 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  LP  M1  M2

Curriculum :  LEA  LACI  LAME

Lettres  LLCER anglais  LLCER espagnol

Histoire  Géographie  GLET  DDLS

SDL, précisez le parcours (FLE, DFP, etc.) :

Langue et Sociétés :  LTMI  TCM

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  Mr  First 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 :  Name :  **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 [stages.llsh@univ-orleans.fr](mailto:stages.llsh@univ-orleans.fr) for the convention/contract to be edited.