[](http://www.youtube.com/playlist?list=PL5kdwHBz0YGh1uhI8HsRbj9JkXFo-FNIX)

**Global Opportunity Centre**

**GOC Internship/ Work Experience Bursary Application**

This agreement is between Cardiff University, Global Opportunity Centre, and

***Insert student name***

|  |  |
| --- | --- |
| **Full Student Name** |  |
| **Student ID** |  |
| **Degree Subject** |  |
| **Year Group** |  |
| **University Email** |  |
| **Personal Email** |  |
| **Mobile Number** |  |

The agreement relates to the student placement at:

***Internship Programme Name***

|  |  |
| --- | --- |
| **Organisation/University Name** |  |
| **Postal Address** |  |
| **Main contact person (administrator) at host organisation/company** |  |
| **Administrator email** |  |
| **Administrator telephone number** |  |

I, the student agree to the **Conditions** below, which form an integral part of this agreement.

**ARTICLE 1- PURPOSE OF THE BURSARY**

1.1 Cardiff University will provide financial support to the student to contribute towards the associated costs incurred of undertaking an Internship under the Global Opportunity Centre’s Short term Programmes.

1.2 I, the student accept the bursary and undertake to carry out the Placement/Programme, acting at all times in a responsible manner.

1.3 I, the student agree to act as an Ambassador for Cardiff University both during and after the Internship particularly in promoting my experiences in future marketing/PR projects related to the Global Opportunity Centre. I also agree to allow for any promotional material I have created to be used by the Global Opportunity Centre.

1.4 I, the student agree to complete an evaluation of the internship upon my return to Cardiff University. Failure to complete this evaluation may result in the student having to repay the full amount of the bursary to Cardiff University.

**ARTICLE 2- PLACEMENT DURATION**

2.1 I, the student have applied to and been accepted to ***Internship Name***.

2.2 The Placement shall start on **[ / /2015** ] and end on **[ / /2015** ].

2.3 I will depart the UK on **[ / /2015** ] and return on**[ / /2015**].

**ARTICLE 3- PRE-DEPARTURE INFORMATION**

3.1 I, the student agree to attend a pre-departure briefing provided by the Global Opportunity Centre or the organisation who is hosting me.

3.2 I, the student understand that I must arrange for any vaccinations I require, and complete a health and safety risk assessment prior to departure.

**Please provide us with the information below in order to process your bursary**

**ARTICLE 4- FINANCING THE MOBILITY PERIOD**

4.1 I, the student, understand that I must make my own arrangements for travel, accommodation and organise visas if required.

4.2 In the case that I, the student, do not carry out the internship, or do not complete the internship, the bursary will be returned in full to Cardiff University. This will become a debt to the University and will need to be returned in order to allow you to graduate without any problems.

**ARTICLE 5- BANK ACCOUNT**

Payments shall be made to the student’s bank account as indicated below:

Name of bank: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of account holder: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sort Code Account Number

Health and Safety Agreement

1. The Global Opportunity Centre will:

* Prepare the student for the summer programme and ensure they are aware of general health and safety aspects; it should be noted this is only general in nature and will not cover any of the specific information needed for any particular study or workplace.
* Offer the opportunity for the student to provide feedback to the GO Centre of any problems they have encountered or concerns they have prior to, during or following a programme with regard to health, safety and welfare.
* Respond to any positive and negative feedback relating to health, safety and welfare during the student’s programme by informing the Programme Provider.

**2. The Student will:**

* Behave in an effective, safe and reliable way.
* Inform the Programme Provider and the GO Centre of any personal factors, health concerns (including mental health) or disabilities that may require specific adjustment(s).
* Attend any briefing/induction sessions given by the GO Centre or Placement Provider and familiarise themselves with any information provided before the placement begins.
* Inform the GO Centre of their contact details for the duration of the placement.
* Follow the rules, practices and processes regarding health and safety of the Programme Provider, including any training and instruction that is required.
* Carry out the work specified under the appropriate supervision of nominated individuals of the Programme Provider (if applicable).
* Inform the Programme Provider of any concerns with regard to health and safety.
* Report any accidents or near misses to the Programme Provider and the GO Centre as soon as possible.
* Inform the GO Centre if any concerns with regard to Health and Safety that have been raised with the Programme Provider are not addressed.
* The student is expected to ensure that they have adequate insurance cover for any additional period abroad which is not part of their programme. Insurance to cover the duration of the summer programme will be provided via Cardiff University travel insurance.

**Individual Medical Disclosure and Emergency Contact Details**

The following information is needed to help ensure your health and safety whilst on the International Summer Programme. It will be treated in the strictest confidence. Please PRINT clearly and then sign the declaration.

**Negative responses are also required.**

Failure to return a fully completed form may result in your exclusion from the placement.

|  |
| --- |
| Your family name: |
| Your personal name: |
| Your e-mail address: |

Person to contact in event of emergency (parents/nearest relative or next of kin)

|  |  |
| --- | --- |
| Name: | Relationship: |
| Telephone Number: | |
| Address: | |

Are you aware of any conditions that will affect your ability to take part in this activity safely?

Yes \_\_\_\_ No \_\_\_\_ If yes, please contact the International Internships Manager

Do you have any disabilities or impairment that requires adjustments to be made?

Yes \_\_\_\_ No \_\_\_\_ If yes, please contact the International Internships Manager

Have you consulted with your GP regarding inoculations and travel requirements?

Yes \_\_\_\_ No \_\_\_\_

Is there anything else that you can think of, which may have an impact on you or restrict the activities you can undertake on the placement?

Yes \_\_\_\_ No \_\_\_\_ If yes, please contact the International Internships Manager

Declaration: I declare that all the information I have given in all parts of this form is correct and complete as far as I am prepared to divulge. I agree that I am solely responsible for all consequences arising from any relevant health and safety information that I have withheld.

**SIGNATURES**

***Student Name***Emily Travis: International Internships Manager, Global Opportunity Centre

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_­­­