**Sample Learning Agreement**

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| --- | --- | --- | --- |
| **Student name:** |  | | |
| Tel. |  | email: |  |
| **Programme and year of study:** |  | | |
| **Internship details** | | | |
| Location: |  | | |
| From: |  | To: |  |
| Agreed number of working days |  | Total hours: |  |
| **Internship Host Supervisor details** | | | |
| Name of Host Supervisor |  | | |
| Position held |  | | |
| Tel. |  | email: |  |
| **Trinity Supervisor details** | | | |
| Name |  | | |
| Tel. |  | email: |  |

1. **SCHOOL**
2. Provide details of work for the duration of the internship
3. Learning objectives
4. Internship project, if relevant
5. Reasonable accommodation, if any
6. **HOST**
7. Are there any specific vetting requirements Yes/No
8. If yes, please specify
9. If yes, has relevant certification been obtained Yes/No
10. Details of dress code/conduct/timekeeping expected
11. Instructions regarding the confidentiality of information the student might have access to during the internship and, if necessary, dealing with intellectual property
12. **STUDENT**

* I consent to the sharing of my name, programme details, telephone and email contact details with the Internship Host Supervisor for the sole purpose of my participation in this internship.
* I agree to work towards achievement of the specified learning objectives under the direction of my supervisors.
* I will uphold the same standards of conduct during this internship as is required of me whilst in attendance at Trinity and to exercise all reasonable care and attention to my own health and safety and that of others during this internship.
* I will immediately report to my Trinity Supervisor any concerns, health and safety or psychosocial issues such as bullying, harassment or stress.
* I confirm that I have met the requirements for personal travel insurance required for this internship.
* I confirm that I have read and will comply, where relevant, with the Trinity policy on Internships and Placements.

|  |  |  |
| --- | --- | --- |
| Print Name | Signature | Date |
|  |  |  |

**We agree to support this Student to meet the requirements of this Learning Agreement in accordance with the terms and conditions set out in the related Internship Agreement:**

**Trinity Supervisor:**

|  |  |  |
| --- | --- | --- |
| Print Name | Signature | Date |
|  |  |  |

**Internship Host Supervisor:**

|  |  |  |
| --- | --- | --- |
| Print Name | Signature | Date |
|  |  |  |

Any changes to this Learning Agreement will be agreed by all signatories.