(Adapted from CMO No. 22, Series of 2013)

**INTERNATIONAL INTERNSHIP CONTRACT**

**(SAMPLE)**

The Internship Contract includes, among others, the following provisions:

1. **PURPOSE OF THE CONTRACT/AGREEMENT**

This section states the big picture of why and how the parties came together and includes:

* + 1. Name of parties involved
    2. Goals and the development of specific skills
    3. Brief description of the scope of agreement
    4. Key contacts for each party involved

1. **PERIOD**

It covers the duration of the internship from the date started up to the last day of the contract. This segment identifies the effective date of the contract, its term (if there is one), and how the agreement can be modified or terminated.

1. **DETAILED DESCRIPTION OF ROLES AND RESPONSIBILITIES**

This section identifies the mutual and joint responsibilities (collaborative tasks) and the expected result of those joint efforts. In addition, it lists the specific roles and responsibilities of each entity in accordance with the provisions stipulated in the CHED guidelines on SIAP and the approved Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) entered into by and between the University of the Philippines Diliman (UPD) through the College/Academic Unit and Foreign Host Training Establishment/Organization (FHTE/O).

This section should also include that the Student Intern will be personally responsible for any and all liabilities for damage to property or injury to third persons, which may be occasioned by his/her/their intentional or negligent acts while in the course of his/her/their training.

1. **AREA OF ASSIGNMENT**

The area and place of assignment is at the premises of <FHTE/O address>. Specifically, the student intern will be working under the <Division or Team Name>, supervised by <Name of Supervisor>

1. **INTERNSHIP PLAN**

**Objectives:**

At the end of the training, the student is able to:

1. Objective 1;
2. Objective 2;
3. …

**Schedule of Activities:**

The student intern’s working hours are from <Start Time> to <End Time>, with a lunch break from <time> to <time>.

1. First week: <nature of activity or task>
2. Second week: <nature of activity or task>
3. Third week: <nature of activity or task>
4. …

**Mode of Implementation**

<Identify the arrangement (e.g. work-from-home, face-to-face) of the internship. In case of a work-from-home arrangement, the platform to be used during the internship must be specified.>

1. **COMPENSATION AND BENEFITS** (if applicable)

Under this section, the following provisions may be included:

1. Allowance
2. Insurance
3. Compensation per working hour
4. Days off
5. **CONFIDENTIALITY**

The Contract, as well as its terms and conditions herein, shall be held in strict confidence and no portion or part thereof may be reproduced or be revealed to any personnel or entity other than the signatories herein or their authorized representative.

Furthermore, the Student Intern shall honor the five (5) year term of the confidentiality clause stated in the Memorandum of Agreement between the University and the FHTE/O.

1. **DATA PRIVACY**

The University will disclose or share relevant personal and/or sensitive personal information of the student to the FHTE/O in relation to internship, employment, or other career opportunities only with the student’s written consent. This is in order to carry out its mandate as an academic institution, comply with legal obligations, perform its contractual obligations to the student, promote and protect the student’s interests, and pursue its legitimate interests or that of the FHTE/O. UP shall disclose such information only when required or allowed by law, and with the student’s written consent.

1. **SIGNATURES OF PARTIES’ PRINCIPALS**

|  |  |  |
| --- | --- | --- |
| Signature over Printed Name of Student Intern |  | Date Signed |
|  |  |  |
| Signature over Printed Name of FHTE/O Representative  or Student Intern’s Host Internship Supervisor |  | Date Signed |
|  |  |  |
| Signature over Printed Name of HEI Faculty-In-Charge or Internship Coordinator |  | Date Signed |
|  |  |  |
| Signature over Printed Name of Student Intern’s Parent or Legal Guardian |  | Date Signed |

|  |  |  |
| --- | --- | --- |
| Signature over Printed Name of Student Intern’s Spouse (If applicable) |  | Date Signed |