

INTERNSHIP

FORMS GUIDE

Appendix Guide – Internship Forms

Pre-Placement Forms

Appendix	Name of Form	Detail	Faculty	Student	Partner
A	Employer Risk Assessment Compliance Agreement	Must be signed by student, faculty and employer prior to internship			
B	Release of Information	Must be signed by student, faculty and employer prior to internship	N/A		N/A
C	Student – Employer Partner Sheer	Optional form to be used by student and faculty to discuss internship placement preferences	N/A		N/A
D	Letter of Understanding	Letter to be signed by students prior to internship and kept on file by faculty	N/A		N/A

In-Placement Forms

Appendix	Name of Form	Detail	Faculty	Student	Partner
E	Sample Internship Visitation Form	Sample form to be completed by faculty during internship visitation	N/A		
F	Accident/Incident Report	Must be completed by faculty or Academic Chair if incident occurs and signed by placement partner supervisor and student			

Post-Placement Forms

Appendix	Name of Form	Detail	Faculty	Student	Partner
G	Student Evaluation on Employer	Feedback on Industry Partner	N/A		N/A
H	Employer Feedback on Student	Feedback on Student From Placement Partner	N/A	N/A	

Note: Some programs may require additional forms. Please confirm with your faculty.

Appendix A: Industry Partner & Risk Assessment Compliance Agreement

STUDENT SECTION (to be completed by Student):

Indicate whether you are: Canadian/Permanent Resident International Student

Student's Name: _____ Student ID#: _____

NSCC Program: _____ Emergency Contact #: _____

Student's Email Address: _____

FACULTY SECTION/CONTACT INFORMATION (to be completed by Faculty)

Faculty Name: _____ Email: _____

INDUSTRY PARTNER SECTION/CONTACT INFORMATION (to be completed by Industry Partner)

Company Name: _____

Company Contact Name & Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Work Experience Dates: Start (mm/dd/yy) _____ End (mm/dd/yy) _____

Hours of Operation: from: _____ to: _____

I would like to have contact with Faculty: Weekly Bi-weekly Once a month during placement

We have reviewed NSCC's Work Experience Industry Partner information and agree to fulfill the responsibilities as outlined in the resource materials provided.

Industry Partner Signature

RISK ASSESSMENT COMPLIANCE AGREEMENT:

NSCC reserves the right to inspect the workplace at any time prior to or during student work placement with respect to a safe work environment.

Indicate the general type of work the student will be engaged in (i.e. construction, administrative, etc.):

Student Tasks:

What hazards are associated?:

What controls are in place?:

THIS SECTION MUST BE SIGNED AND ORIGINAL FILED WITH THE ACADEMIC CHAIR:

NSCC students have insurance coverage through the Student Accident Insurance and the Student Insurance Program (SIP). For international students and activities, additional Student Guard insurance for students is mandatory and the cost is covered by the College.

Safety is a core value at NSCC and it is important that our students are in safe working and learning environments while on Work Experience, Co-op, and Internship Placements. NSCC students are covered by various NSCC insurance policies while on placement. We do ask that hosts maintain their own liability insurance that is appropriate for their business requirements. \$2 million General Commercial Liability is standard.

Signatures

_____ **Date** _____

Industry Partner

_____ **Date** _____

Student

_____ **Date** _____

Faculty

Appendix B: Release of Information Form

Industry Partner to NSCC and NSCC to Industry Partner

Student Name _____ NSCC ID #: _____

Industry Partner Name: _____

Work Experience Dates: Start (mm/dd/yy) _____ End (mm/dd/yy) _____

The above student will be on work experience placement by the above mentioned industry partner to complete his/her work experience placement during the above dates.

In accordance with the **Freedom of Information and Protection of Privacy Act (FOIPOP)** and the **Personal Information Protection and Electronic Documents Act (PIPEDA)**, students may be required to have communications and certain information released to parties in order to obtain a credit for a course of the program that they are enrolled. During your work experience placement, your faculty member and your industry partner will need to have discussions on your work experience performance.

The Industry Partner is required to complete an end-of-work experience feedback form which is to be shared with you and the faculty member where that information becomes a major component in the success of obtaining this credit.

Please indicate the specific information that you will be giving approval for both the Industry Partner and the NSCC Faculty to communicate by initialing the approximately boxes.

Name		Attendance		Health Conditions	
Contact Information		Job Performance		Other (Specific)	

A copy of this signed form will be placed on your file and a copy will be sent to your Work Experience Industry Partner for their files.

Student Signature: _____ Date Signed: _____

Once the Work Experience is completed, this form will be shredded by NSCC.

Appendix C: Student – Employer Partner Sheet

Student Name: _____ ID#: _____

Program: _____

Phone #: _____

Do you have transportation? Yes No

List the regions where you would like to do your work experience

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Please list the companies you plan to contact for your Work Experience

Company 1: _____

Company 2: _____

Company 3: _____

Check one of the following:

I am seeking employment when I graduate

I will be returning to further my studies when I graduate

Appendix D: Letter of Understanding

NOVA SCOTIA COMMUNITY COLLEGE – XXXXX CAMPUS

“Letter of Understanding”

The following guidelines are the standards that have been developed and implemented to assure a successful completion of your Internship. The internship element is an extension of the campus studies where ongoing knowledge and skills will be gained through your practical experience. If any of these guidelines are abused or violated, you will be required to repeat this component of the program before graduating.

1. The work experience commences the beginning of May and ends approximately the last week of August. It is not permissible to terminate employment prematurely.
2. For a successful internship placement, I (student) must attend all the internship placement orientation/information sessions and abide by the rules and policies that have been developed and implement for internship work terms.
3. I recognize that I may not be suitable or qualified for every work term and that the faculty member will assist me to identify my areas of strengths and weakness. Also, I realize that there are limited work opportunities in my local community and may need to commute or re-locate to another geographic area, if necessary, in order to gain the required work experience.
4. It is understood that you are to obtain a pass (60%) in all of your courses in order to represent yourself, the program and the college on an internship work term. In addition all the required program ‘milestones’ have been obtained.
5. The ‘Release of Information’ form will be signed so that it will give the college permission to communicate information regarding the student to the employer as requested and the employer to evaluate my performance as a component of the evaluation for the XXXX 2996/2997 credit.
6. In cases where a signed, legal contract with the Internship Employer is a condition of employment, under no circumstances should any attempt be made to break such an agreement without first discussing and clearing it with the Faculty.
7. During the work term, at no time are you to leave one Internship Employer for another, unless first receiving approval from NSCC Faculty.

The guidelines have been read by me and are understood completely.

Student’s Signature

Date

A copy of this “Letter of Understanding” will be placed in your file for future reference.

Appendix E: Sample of Internship Visitation Form

Student: _____ **Company:** _____
Student's Position: _____ **Supervisor:** _____
Program: _____ **Phone Number:** _____
Campus: _____ **Date:** _____

Review of Responsibilities:

Interview Conducted:	<input type="checkbox"/> with the student and supervisor separately
	<input type="checkbox"/> with the student present during visitation
Visit:	<input type="checkbox"/> on-site
	<input type="checkbox"/> by phone

RELATIONS WITH OTHERS

- Works well with others.
- Gets along satisfactorily.
- Some difficulty
- Works poorly with others

DEPENDABILITY

- Completely dependable.
- Satisfactory.
- Sometimes neglectful or careless.
- Unreliable.

ABILITY TO LEARN

- Exceptional.
- Very good, except _____
- Satisfactory, but _____
- Below average, should _____
- Very slow.

PERSONAL APPEARANCE

- Excellent taste in grooming and cleanliness.
- Above average interest and enthusiasm.
- Satisfactory amount of interest and enthusiasm.
- Somewhat indifferent.
- Definitely no interest or enthusiasm.

ATTITUDE – APPLICATION TO WORK

- Very interested and industrious.
- Satisfactory in diligence and interest.
- Somewhat indifferent.
- Definitely not interested.

ATTENDANCE:

- Regular
- Irregular

JUDGMENT

- Exceptionally good.
- Above average in making decisions.
- Usually makes the right decision.
- Often uses poor judgment.

PUNCTUALITY:

- Regular
- Irregular

OVERALL WORK PERFORMANCE:

- Outstanding
- Very Good
- Average
- Marginal
- Unsatisfactory

PLEASE CHECK ALL APPLICABLE BOXES (BELOW) WHICH STUDENT NEEDS IMPROVEMENT ON:

- Human Relations.
- Accepting constructive criticism.
- Following orders/directions.
- Use of telephone.
- Quantity of work.
- Ability to communicate (written-spoken).
- Mathematics ability.
- Quality of work.
- Operating equipment
- Other

Appendix H: Accident/Incident Report (Internship Placement)

Name: _____ Date: _____

Work Placement Site: _____

Contact Name: _____ Phone: _____

Student's Name: _____ Home Campus: _____

Name of NSCC Program: _____

Incident Type: Injury/Illness: Property Damage Fire Spill Other: _____

Incident Date: _____ Incident Time: _____

Location of Incident: _____
(If different from Work Experience Placement Site Recorded Above)

Nature of Injury: _____

Aid Given: On Site Doctor's Office Hospital Other: _____

Witnesses

Name: _____ Statements Attached: Yes No

Name: _____ Statements Attached: Yes No

Supervisor

Name: _____ Title: _____

Property Damage

Description of Property: _____

Description of Damage: _____

Signatures

Supervisor

Student

Routing Instructions: • Fax copies of this report to Work Integrated Learning, Attention: Tracy Peers at 1-902-491-2178 and to the NSCC Occupational Health & Safety Office at 1-902-491-1739.

If you have any questions or need assistance, please contact NSCC's Occupational Health, Safety and Environmental Services Office at (902) 491-SAFE (7233)

Appendix G: Student Evaluation of the Employer

Student's Name: _____

Name of Employer: _____

Location: _____

Supervisor's Name: _____

Description of Duties:

Please rate your work experience during this past work term according to the following criteria. Make additional comments if you wish. The purpose of this "confidential" form is to provide you with an opportunity for an appraisal of the job location which may assist future students. Please place a check mark next to your rating.

Work Experience relates to field of study					
High	Good	Average	Poor	Very Poor	No Observation
Adequacy of industry partner supervision					
High	Good	Average	Poor	Very Poor	No Observation
Helpfulness of job supervisor					
High	Good	Average	Poor	Very Poor	No Observation
Cooperativeness of colleagues					
High	Good	Average	Poor	Very Poor	No Observation
Opportunity to use academic training					
High	Good	Average	Poor	Very Poor	No Observation
Opportunity to develop human relations skills					
High	Good	Average	Poor	Very Poor	No Observation
Provisions for levels of responsibilities consistent with student ability and growth					
High	Good	Average	Poor	Very Poor	No Observation
Opportunity to develop communication skills					
High	Good	Average	Poor	Very Poor	No Observation
Opportunity to develop creativity skills					
High	Good	Average	Poor	Very Poor	No Observation
Opportunity to solve problems					
High	Good	Average	Poor	Very Poor	No Observation

Opportunity to develop critical thinking skills

High Good Average Poor Very Poor No Observation

Helpfulness of faculty advisor

High Good Average Poor Very Poor No Observation

Did the work experience meet, exceed, or fall below your expectations?

Exceed Meet Fall Below

Would you want to work for this organization again? Yes No

Would you please give your industry partner an overall evaluation?

Excellent Very Good Good Average

Would you recommend the Work Experience Placement to other students in your field? Yes No

Please make specific comments to help us in further evaluating your work experience placement.

Student's Signature

Date

Appendix H: Employer Feedback of Student Work

Student: _____ Company: _____
 Student's Position: _____ Supervisor: _____
 Program: _____ Phone Number: _____
 Campus: _____ Date: _____

Thank you for completing this important record of the student's performance. We appreciate your interest in our students and for providing them with the opportunity to obtain valuable career related experience. This feedback is confidential and will only be discussed with the student with your consent. We encourage you to discuss this feedback with the student.

INTEREST IN WORK

- High interest in job. Enthusiastic.
- Above average interest and enthusiasm.
- Satisfactory amount of interest and enthusiasm.
- Somewhat indifferent.
- Definitely no interest or enthusiasm.

INITIATIVE

- Self-starter. Asks for new jobs. Looks for work to do.
- Proceeds independently in most matters.
- Does all assigned work.
- Must be told what to do frequently. Relies on others.

ORGANIZATION & PLANNING

- Does an excellent job of planning and organization work and time.
- Usually organizes work and time effectively.
- Sometimes fails to organize and plan work effectively.
- Disorganized. Fails to plan work effectively.

ABILITY TO LEARN

- Learns work readily.
- Satisfactory in understanding work.
- Rather slow in learning work.
- Very slow in learning work.

COMMUNICATION

Oral

- Very good
- Satisfactory
- Unsatisfactory

Written

- Very good
- Satisfactory

- Unsatisfactory

QUALITY OF WORK

- Thorough in performing work. Few errors, if any.
- Usually thorough. Few errors.
- Average. Has normal number of errors.
- More than average number of errors.
- Poor. Often makes errors.

QUANTITY OF WORK

- More than expected amount of productivity.
- Average productivity.
- Below average productivity.
- Low output. Slow.

JUDGEMENT

- Exceptionally mature.
- Very good. Uses common sense.
- Usually good in routine situations.
- Sometimes undependable.
- Poor.

DEPENDABILITY

- Can be depended upon in any situation.
- Can be depended upon in most situations.
- Dependable in routine situations.
- Somewhat unreliable. Needs to be checked up on frequently.
- Unreliable.

INTERPERSONAL SKILLS

- Excellent team worker. Contributes to group relationships & effectiveness.
- Congenial and helpful. Works well with others.
- Sometimes has difficulty working with others.

- Works poorly with others. Has an adverse effect on the group.

RESPONSE TO SUPERVISION

- Expresses appreciation and takes action on suggestions and criticism by supervisor.
- Willingly accepts suggestions and criticism.
- Accepts suggestions and criticism in a satisfactory manner.
- Reluctantly accepts suggestions and criticism.
- Resents suggestions and criticism.

ADAPTATION TO FORMAL RULES AND POLICIES (including safety guidelines)

- Excellent.
- Above average.
- Adequate.
- Poor. Refuses to recognize formal procedures and rules.

ATTENDANCE

- Regular
- Irregular

PUNCTUALITY

- Regular
- Irregular

OVERALL PERFORMANCE

- Excellent
- Above Average
- Satisfactory
- Below Average
- Unsatisfactory

What are the student's areas of strength?

--

Are there any areas in which the student needs improvement?

--

Would you recommend this student to another industry partner?

--

If employment were available in the future, would you wish for this student to return to your company?

--

I, the undersigned, understand that this information may be shared with the student as appropriate for evaluation purposes.

Signature

Date