Agreement No.: Zi-Di:

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| 文藻外語大學 |
| |  | | --- | | Internship Agreement |     This Agreement is made between  Party A (host institution): &  Party B: Wenzao Ursuline University of Languages  Party C (the intern):  Duration: from mm dd yyyy to mm dd yyyy  Date of agreement: mm dd yyyy  The contract is signed among \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter “Party A”), Wenzao Ursuline University of Languages (hereinafter “Party B”), and \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter “Party C”). The aim of this Agreement is to promote the internship program so that both parties can comply with the collaborative rules.  A. Responsibility  (1) Party A is charge of internship program design, job distribution, enrollment, and providing training and guidance to Party C.  (2) Party B is responsible for internship arrangement and counseling Party C.  B. Duration  Type: □ with credit □ without credit  Category: □ during summer □ during semester □ during academic year □ other:\_\_\_\_\_\_\_\_\_\_\_  Duration: from mm dd yyyy to mm dd yyyy  Working Hours: (Example) Monday to Friday, 8:00 AM to 5:00 PM (Lunch Break: 12:00 PM to 1:00 PM)  Month(s)/week(s): 0 month(s)/ 0 week(s)  Hours: 000 hours (the total hours are recorded in the Internship Certificate)  Total internship hours shall be based on the internship certificate.  Calculation method: Daily internship hours shall be calculated based on the regular working hours of 8 hours per day.  C. Data of student (Party C)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Educational system | Grade | Grade（for interns in cross-academic year） | | | | | Class | Student ID No. | Name | Remarks | |  |  |  |  |  |  |   D. Contents  1. Job items and description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Job items are arranged based on students’ health and safety.  E. Report in  1. Party B should send the list of interns and their data to Party A one week prior to the start of the internship. Due to demands, the duration can be extended after the agreement has been signed by both parties.  2. On-the-job training should be carried out after reporting in; interns will be guided by professionals; the hours of this orientation will be counted as being within the duration.  F. Payroll (allowances):  G. Meals & accommodation:  H. Transportation:  I. Insurance (note: In the event that Party A provides a regular salary or allowances to Party C during his/her internship, Party A shall have Party C enroll in labor insurance and Occupational Accident Insurance. Party B shall not have to purchase accident insurance and medical insurance for Party C. Please specify the following in this field: “Party A has Party C enroll in labor insurance and Occupational Accident Insurance during his/her internship based on the insurance level of his/her salary or allowances. If Party A fails to provide a regular salary or allowances to Party C during his/her internship, Party B shall purchase accident insurance and medical insurance for Party C. In this case, please specify the following in this field: “Party B purchases student accident insurance of NT$2 million and medical insurance of NT$50,000 for Party C during his/her internship.”)  J. Counseling  1. Each intern is guided by the professionals of Party A who are in charge of his/her job contents and skills  2. A counselor of Party B will be arranged to visit Party C depending on actual needs, who is responsible for matters of counseling, communication and contact.  3. Party A shall not engage Party C in illegal behavior during his/her internship; if Party A violates the law, Party B has the right to terminate this Agreement and the relationship between Party C and Party A will be terminated accordingly.  4. This is only valid during the period of the contract, if one party needs to terminate a contract before the expiration for some reason, it shall notify the other two parties in writing 10 days in advance, and the internship contract will be terminated after the expiration of the notice period.  If Party A provides Party C’s regular internship salary or allowance, the termination of this internship contract shall be handled in accordance with the government’s labor laws.  K. Evaluation  1. The performance scores should be evaluated by the manager of Party A and the counselor of Party B, respectively. Party A should send the Performance Scores Evaluation and Internship Certificate both issued by Party B back to Party B within one week after the termination of the internship.  2. The presence/absence is evaluated by Party A. If Party C has poor performance or difficulties adapting to his/her job, Party A should inform Party B and solve the problem together. After counseling, if the expected result cannot be achieved, Party C’s internship will be cancelled or he/she will be transferred to another unit.  3. Irregular reviews will be implemented during the period of the internship in order to accomplish successful results  L. Supplementary  1. Party B should ask Party C to sign Agreement of Intellectual Property Rights and Confidentiality with Party A for the related business. The business secret known or held by Party C or Party B should not be disclosed to any third party or used by Party C or Party B either during the period or after the termination of the Internship. The secret shall not be disclosed, reported or published at all.  2. The Appendixes hereof shall be made a part of the Agreement and possess the same effect. Other matters not stated in this Agreement shall be addressed according to further agreement made by Party A, Party B, and Party C.  3. Party A shall fulfill its duty to protect Party C’s personal data. The use of said data shall fall within the scope of the Personal Data Protection Act.  4. To implement the spirit of gender equity and protect interns’ rights and interests, Party A shall fulfill its duty to protect Party C, establish relevant regulations, and provide an appeal channel and handling mechanism according to the Act of Gender Equality in Employment. When Party C encounters violations of gender equality laws and regulations, Party A shall provide assistance and methods to handle such violations. Party A shall also notify Party B within 24 hours.  5. This Agreement shall be construed and governed according to the laws of the Republic of China.  6. Any dispute arising with respect to this Agreement shall be determined by arbitration taking place in Kaohsiung District Court, the first jurisdiction, as three parties (Party A, Party B and Party C) may agree upon.  7. Party C has agreed to the terms and conditions of this Agreement and informed his/her parents.  M. This Agreement is made in triplicate; a copy should be kept by each party.  N. Appendixes  (I.) Internship Certificate issued by Wenzao Ursuline University of Languages  (II.) Performance Scores Evaluation issued by Wenzao Ursuline University of Languages  (III) Internship Insurance Agreement  Agreement signed by  Party A:  Representative:  Add.:  Business Registration No.:  Party B: Wenzao Ursuline University of Languages  Representative:  Add.: No. 900, Minzu 1st Rd., 80793 Sanmin District, Kaohsiung  Business Registration No.: 76000424  Party C: |

Date of agreement: mm dd yyyy

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| **Wenzao Ursuline University of Languages**  **Internship Evaluation Form**   1. This evaluation form is to be completed by the supervisor after the intern’s completion of internship. Please send the completed form to the personnel of the unit of Wenzao that you cooperate with (that is, the unit that you sign the contract with) after students finish their internship. 2. Upon completing the internship, the intern student should hand in the Internship Report to the supervisor within one week.  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Intern’s Name：\_\_\_\_\_\_\_\_\_\_\_Student No.：\_\_\_\_\_\_\_\_\_\_\_\_  Dept. and Class：\_\_\_\_\_\_\_\_\_\_\_  Name of Institution：\_\_\_\_\_\_\_\_\_\_\_  Internship Period：from \_\_\_ /yr \_\_\_ /mo\_\_\_ /day  to \_\_\_ /yr \_\_\_ /mo \_\_\_ /day    **The highest score of each item is 6, the maximum scores in total are 60.** | | | | | | | | | | **項目** | **Items** | | | | **Scores** | | **Remarks** | | | 一 | Demonstrate ability to learn new skills (6%) | | | |  | |  | | | 二 | Self-motivated and willing to take on tasks (6%) | | | |  | |  | | | 三 | Ability to plan and accomplish tasks effectively (6%) | | | |  | |  | | | 四 | Exhibit professional ability and attitude (6%) | | | |  | |  | | | 五 | Interpersonal Skills and work cooperatively with others (6%) | | | |  | |  | | | 六 | Demonstrate reliability and work ethics (6%) | | | |  | |  | | | 七 | Ability to create and communicate possible solutions to problems (6%) | | | |  | |  | | | 八 | Ability to accommodate changes and cope in stressful situations (6%) | | | |  | |  | | | 九 | Report to work as scheduled and on-time (6%) | | | |  | |  | | | 十 | Appropriate behaviors and Appearance (6%) | | | |  | |  | | | **Total Scores** | | | | |  | |  | | | Overall Assessment and suggestion for the intern’s improvement | |  | | |  | | | | | Leave-taking Records (Please ensure to fill out this part) | | Leave Types | Personal leave | Sick leave | | Absence w/o official leave | | Others | | Days(hours) |  |  | |  | |  | | Signature | | HR Supervisor: | | Intern’s Supervisor | | | | | |

**Wenzao Ursuline University of Languages**

**Certificate of Internship**

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_ (student’s name) of Department of \_\_\_\_\_\_\_\_\_\_\_\_\_ , has successfully completed Internship Program from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_, totally \_\_\_\_\_ hours.

Host Institution :

Supervisor:

Date:

**Internship Insurance Agreement**

I, a student of the Department/Graduate Institute in the \_\_\_ year of study at Wenzao Ursuline University of Languages with Student ID , hereby certify that I will take part in an overseas internship (⬜ Program of the year of ). I fully understand the content of insurance stated in this Internship Agreement. Due to my personal needs, I have purchased other insurance with a higher insured amount to protect my own rights and interests. I hereby submit the insurance certificate to the University to be kept for reference.

To

Wenzao Ursuline University of Languages

Head of Department/Principal Investigator: (Signature)

Signed by: (Signature)

Postal Address:

Phone:

mm/dd/yyyy