



Contractual addendum¹ to the internship agreement

THE HIGHER EDUCATION ESTABLISHMENT

Name: **Sorbonne University**
Address (head office): 21 rue de l'École de Médecine
75006 Paris

Note: Do not send the addendum to this address

Represented by: **Jean CHAMBAZ**
Title of the representative: President of Sorbonne
University

Name of the signatory to this agreement:
Title of the signatory:

☎ :
Email:

Department/School/Institute/Faculty:

Address (if different from the head office):

Note: Do not send the amendment to the stress

MANAGEMENT OF THE INTERN BY THE ESTABLISHMENT

Name and first name of the intern's supervisor:
☎ :

Email:

THE INTERNSHIP PROVIDER

Name:
Address (head office):

Country:
Represented by:
Role of the representative:

Name of the signatory to this agreement:
Role of the signatory:

☎ :
Email:

Department/School in which the internship will be undertaken:

Address (if different from the head office):

MANAGEMENT OF THE INTERN BY THE ESTABLISHMENT

Name and first name of the internship mentor:

☎ :

Email:

Mentors and intern supervisors must be contactable during the internship



Humanities



Medicine



Science and Engineering

THE INTERN

The student's home faculty (*tick the appropriate box*):

Student card number:

Name:
Date of birth:
Home address:

First name:

☎ :

Email:

Emergency contact (other than the intern):

Title of the course or curriculum attended in the higher education establishment (specify the honours and the course):

Level of qualification:

1 *In application of the education code, notably articles L124-1 et seq.
In application of law No. 2020-856 of 9 July 2020 that details the exit strategy from the public health state of emergency extending the transitional period established at the end of the state of emergency
In application of the **current national protocol***

In view of the Covid-19 health crisis and the exceptional circumstances occurring during this internship, this addendum will automatically take effect on the date it is signed by the intern. It is intended to modify, as indicated below, the internship agreement signed between the parties indicated above.

MODIFICATION OF INTERNSHIP DATES

The internship, planned for the following dates from _____ to _____ and carried out remotely where applicable from _____ to _____ will be:

- extended until _____. This represents a total internship duration of _____ hours of effective attendance.
- temporarily interrupted until _____. A new internship agreement will be signed if the internship can resume.
- indefinitely suspended.

MODIFICATION OF SPECIFIC CONDITIONS

As of _____,

- The initially planned location for the internship has been changed to the following address:
.....
.....

It will be carried out:

- remotely (at the intern's home location)
- under face-to-face teaching conditions (classrooms)
- remotely and under face-to-face teaching conditions (attach the schedule drawn up by the internship provider)

The parties hereby agree that if lockdown measures are reinstated or health and safety recommendations are not observed, the internship will automatically take place remotely from the intern's home location.

- Other modifications applicable to specific conditions (timetable, work constraints, etc.):
.....

OTHER MODIFICATIONS RELATING TO:

- The intern's mentor and/or supervisor:.....
- The subject of the internship:.....
- The _____ responsibilities, _____ tasks _____ or _____ activities _____ assigned:
.....

It is forbidden to entrust interns with tasks that pose a danger to their health or safety.

*The intern hereby agrees to abide by the schedule drawn up by the internship provider and to remain 'remote' (not to go to the provider's establishment) The internship provider hereby agrees to abide by the **national protocol**, and, as applicable, the published [job information sheets](#).*

<p>On behalf of the internship provider Name and signature of the representative of the internship provider, official stamp</p>	<p>The internship mentor (of the internship provider) Name and signature</p>
<p>The intern (or legal representative as applicable) Name and signature</p>	<p>The intern's supervisor Name and signature</p>

Departmental or Faculty/Institute stamp	On behalf of the higher education establishment Name and signature of the representative of the establishment Drawn up at on
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It is hereby agreed between the parties that this addendum may be sent by email with scanned electronic signatures subject to verification of the identity of the signatories.