

Film Production / Film Animation / Film Studies
PROFESSIONAL INTERNSHIP AGREEMENT

DIRECTIONS:

The first section of the form is to be filled out and signed by the **Intern (student)** and **Field Supervisor** prior to the start of the Professional Internship. The Intern must retain the original of this Agreement and, one week prior to completing the Internship, ensure the second section is completed by their Field Supervisor and submitted (along with a **Final Report**) to the cinema office via email: filmstudies.cinema@concordia.ca (FMST Students) or undergrad.cinema@concordia.ca (FMPR/FMAN students) in one continuous PDF with copies to his/her Faculty Supervisor and Field Supervisor.

Name of Intern (print): _____

Name of Employer/Field Supervisor (print): _____

Name of Company/Institution: _____

Type of Intern Position: volunteer paid

Duration of the Internship placement: _____ days

Number of working hours (min. 135 for 3-credit Internship): _____

Period of Internship:

Start date: _____ End date: _____

Location where the Internship will take place (complete address):

If internship is remunerated:

Remuneration/hour : CAD \$ _____ / other currency _____

Process for claiming expenses (if applicable) _____

Mentorship and Training:

Type of mentorship and/or training (please select and specify):

First-day orientation

Assessment of skills

Negotiation of tasks

Introduction to other staff

Written illustration of working procedures

Oral explanation of working procedures

Outlining of objectives

Explanation of health and safety in the working place

Other _____

Objectives

To be completed by the Field Supervisor (please select and specify):

- Regular meetings
- Short written reports
- Oral reports
- Briefings with staff
- Other: _____

Signature of Field Supervisor: _____

Date: (y/m/d/) _____

Signature of Intern: _____

Date: (y/m/d/) _____

Internship Final Assessment

This section is to be completed by the Field Supervisor at the end of the Internship.

1. Number of hours completed: _____

2. Main tasks:

3. Observations/Comments:

Name of Field Supervisor (print): _____

Signature of Field Supervisor: _____

Date: (y/m/d/) _____

Name of Intern (print): _____

Signature of Intern: _____

Date: (y/m/d/) _____