**Internship agreement**

-

**Endorsement no...**

**Between**

**1 - THE EDUCATIONAL OR TRAINING ESTABLISHMENT**

Name: Click here to type text. Address: : Click here to type text.

Click here to type text..

Represented by (signatory of the agreement): Click here to type text.

Quality of the representative: Click here to type text.

Component: Click here to type text.

Click here to type text.e-mail: Click here to type text.

Address (if different from that of the establishment): Click here to type text.

**Referring teacher:**

Name: Click here to type text. First name: Click here to type text.

Function: Click here to type text.

Click here to type text.. e-mail: Click here to type text.

**And**

**2 - THE HOST ORGANIZATION**

Name: Click here to type text. Address: Click here to type text..

Represented by (name of signatory to the agreement): Click here to type text.

Status of the representative : Click here to type text.

Department in which the internship will be carried out : Click here to type text.

Click here to type text.e-mail: Click here to type text.

Location of the internship (if different from the address of the organization): Click here to type text.

**Internship tutor :**

Name: Click here to type text. First name: Click here to type text.

Function: Click here to type text.

Click here to type text. e-mail: Click here to type text.

**And**

**3 - THE TRAINEE**

Name: Click here to type text. First Name: Click here to type text.

Gender: :   Born on : Click here to type text.

Social security organization to contact in case of accident: Click here to type text.

Address: Click here to type text.

Click here to type text. e-mail: Click here to type text.

Title of training or course followed in the higher education institution: Click here to type text.

Hourly volume of the training or course (annual or semester): Click here to type text.

The educational institution, the host organization and the trainee are hereinafter referred to together as "the Parties".

Having regard to the Education Code, in particular articles L124-1 and the following;

Having regard to the regulatory measures taken in the context of the fight against the spread of the covid-19 virus and in particular the Law n° 2020-290 of the 23rd of 2020.

**Article 1 - Purpose**

In view of the exceptional circumstances during this internship, the purpose of this addendum is to amend the internship agreement signed between the educational institution, the host organization and the trainee as indicated on the letterhead.

**Article 2- Modification of the dates of the internship/ Early termination of the contract**

The internship is interrupted on the (date)\_\_\_\_\_\_\_\_. A new amendmend to the agreement will be signed to formalize the resumption or early termination of the internship.

OR

The contract is terminated on the (date)\_\_\_\_\_\_\_.

**OR/AND**

**Article 2 OR 3- Modification of the modalities and place of execution of the internship**

As of \_\_\_\_\_\_\_\_\_, the internship will take place in telework at the trainee's home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (to be completed if the address is different from that given on page 1).

The intern undertakes to respect the schedule established by the host organization, and not to travel. The intern's tutors will remain contactable during this period.

**Article 3 OR 4 - Enforcement**

This amendment shall take effect automatically on the date of its signature by the Parties.

It is understood between the Parties that this amendment may be sent by e-mail with scanned signatures, subject to verification of the identity of the signatories.

**Article 4 or 5: Other provisions (in the case of Article 2: change of venue)**

All the other provisions of the initial traineeship agreement remain applicable.

**FOR THE EDUCATIONAL INSTITUTION,**

Name and signature of institution representative

Date

**FOR THE HOST ORGANIZATION,**

Name and signature of host organization representative

Date

**TRAINEE** (and his/her legal representative if applicable)**,**

Name and signature

Date

**REFERRING TEACHER OF THE INTERN,**

Name and signature

Date

**THE INTERN’S TUTOR OF THE HOST ORGANIZATION,**

Name and signature

Date