



# Student Mobility Fund: Internship Endorsement Form

Submit to: International Programs Officer, Student Services, Faculty of Law, Building 12, Clayton Campus

## Personal Details

Student ID number 

--	--	--	--	--	--	--	--

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Date of Birth 

--	--	--	--	--	--

Postal Address for correspondence \_\_\_\_\_  
Post code: \_\_\_\_\_

Student email address \_\_\_\_\_ @student.monash.edu

Mobile phone number \_\_\_\_\_

Home phone number \_\_\_\_\_

## Company/organisation details

Company/organisation name: \_\_\_\_\_

Country: \_\_\_\_\_

Postal address for correspondence and ABN (or equivalent business registration details):  
\_\_\_\_\_  
\_\_\_\_\_

Location of internship (if different from primary company address):  
\_\_\_\_\_  
\_\_\_\_\_

Contact information for staff member responsible for intern and or work supervisor:  
\_\_\_\_\_

### Internship details:

Total Length of Internship: \_\_\_\_\_ weeks/months      From \_\_\_\_\_ to \_\_\_\_\_

Please attach supporting documentation addressing the following criteria:

- Outline of tasks to be performed by intern
- Outline of training/induction programs
- Relevance to the study of law
- Expected working hours
- Financial benefits to the intern including salary, grants, accommodation, travel

### Applicant's Declaration

**I declare that :**

- The information provided on this form and the information given to support my application is correct and complete. I acknowledge that the Faculty of Law reserves the right to vary or reverse any decision on the basis of incorrect or incomplete information.

**I agree to:**

- Co-operate with the Faculty in publicising my involvement in the program undertaken and in sharing information, as appropriate, about the venture and its outcomes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement:**

The information on this form is collected for the primary purpose of assessing the Internship application and to monitor Internship Grant applications. The information on this form may be retained by the University for the duration of your current enrolment.

If you choose not to complete all the questions on this form, it may not be possible for the Faculty to process the application for the Internship. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on +61 3 9905 6011.

### Director of International Use Only

- Internship endorsed YES / NO
- If no, reason for rejection \_\_\_\_\_
- Signature of Director International: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

- Student Notified by Mail
- Details recorded - spreadsheet