



## APPENDIX D

### INDUSTRIAL TRAINING - PLACEMENT AGREEMENT FORM

(Should be completed and returned to your department for approval and confirmation **within two weeks** of placement commencement).

Student No : | | | | / | | | | / | | | |

Surname : | | | | | | | | | | | | | | | | | | | |

Initials : | | | | | | | | | | | | | | | | | | | |

First Name : | | | | | | | | | | | | | | | | | | | |

Address : | | | | | | | | | | | | | | | | | | | |

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| | | | | | | | | | | | | | | | | | | |

Home No : | | | | | | | | | |

Mobile No : | | | | | | | | | |

Email : | | | | | | | | | | | | | | | | | | | |

Company Name: .....

.....

Address: .....

.....

Industrial Training Advisor's Name: .....

Phone No : ..... Fax No: .....

Email : .....

*If available, please attach business card of ITA to this form.*

**Date of Commencement** : | | | | - | | | | - | | | | | | | | (dd/mm/yyyy)

**Date of Completion** : | | | | - | | | | - | | | | | | | | (dd/mm/yyyy)  
(Anticipated)

**Workdays:** Mon / Tues / Wed / Thurs / Fri / Sat / Sun (Please Circle)



**Mode of work:** onsite / online / hybrid  
If hybrid, mention the days working online and onsite:

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**Duration of the Internship:** 6 months / 1 year

**Please indicate any periods you plan to be on leave from placement, [Final Year Project, Presentation, Lectures and etc.]**

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### 1. Main Aims / Tasks of the Potential Placement

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### 2. What Are Your Anticipated Learning Goals?

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### 3. Potential Strengths of the Learning Situation

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#### 4. Potential Difficulties of the Learning Situation

## 5. Nature of Supervision Provided

## On Site Supervision

If the supervision is being provided on site :   \_Y\_/\_N\_  

How often will supervision sessions be held? : Daily / Weekly / Fortnightly / Monthly

What is the approximate length of the session? : .....

## 6. Other Action Required at This Stage (Optional)

**SIGNED** Student: .....

Industrial Training Advisor .....

Submitted Date | | | | | | | |