### 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 : |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

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:

………………………………………………………….……………………………

**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.]**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**3.Potential Strengths of the Learning Situation**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**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 |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|