**Memorandum of Understanding**

**for a Professional Internship Placement (PIP)**

**between The University of INSERT**

**and INSERT NAME OF PLACEMENT PROVIDER ORGANISATION**

This document is to enable all parties to have a clear understanding of the activities or project that INSERT NAME OF STUDENT will be working on during their Professional Internship for PhD Students (PIPS).

It aims to establish criteria that will ensure the most positive outcome for all parties.

**Host organisation contact details**

Name of organisation:

Address:

Contact person name:

Role:

Email:

Tel:

**PhD student contact details:**

Student name:

University address:

Email:

Tel:

**PhD supervisor contact details:**

Supervisor name:

University address:

Email:

Tel:

**University contact details – *Delete as applicable*:**

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| --- | --- | --- |
| **Leeds**  Catherine Liddle  WR BBSRC DTP Co-ordinator  Faculty of Biological Sciences  7.82 Irene Manton Building  The University of Leeds  LEEDS LS2 9JT  Email: [c.m.liddle@leeds.ac.uk](mailto:c.m.liddle@leeds.ac.uk)  Tel: 0113 343 6463 | **Sheffield**  Dr Sandrine Soubes  Researcher Development Manager  Faculty of Science  The University of Sheffield  New Spring House  231 Glossop Road  SHEFFIELD S10 2GW  Email: [s.soubes@sheffield.ac.uk](mailto:s.soubes@sheffield.ac.uk)  Tel: 0114 222 4220 | **York**  Dr Amanda Barnes  Employability and PGR Training  Department of Biology  The University of York  Heslington  YORK YO10 5DD  Email: [amanda.barnes@york.ac.uk](mailto:amanda.barnes@york.ac.uk)  Tel: 01904 328 740 |

# **Statement of Responsibilities**

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| --- |
| Host organisation – Please use this to outline the project or activities that PhD student, NSERT STUDENT NAME (IN CAPITALS, will undertake during their internship with you. We appreciate that in a busy organisation activities may change but we ask that the student continues to work in a roles that is appropriate for their level of attainment. |
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# **Hours of Work**

Your normal hours of work will be per INSERT week, INSERT hours per day, Monday to Friday. The standard working day will also include a main meal break of a minimum 30 minutes.

# **Sickness**

If you are unable to work because of ill health, you must notify INSERT (Host contact name) at INSERT(host organisation name) as soon as is practically possible and keep them advised throughout the duration of your absence. If you are absent for 5 days or more, please contact your University contact (as on page 1 of this document).

# **Period of internship**

This internship will start on INSERT DATE DD/MM/YYYY and finish on INSERT DATE DD/MM/YYYY

**Conditions**

Please wear INSERT clothing for work.

# **Health & Safety**

You are required to comply with Health and Safety rules at all times. Please ensure you are familiar with these as soon as possible after starting.

# **Confidentiality**

You will not, either during your internship or thereafter, use to the detriment or prejudice of the Company, or except in the proper discourse of your responsibilities, divulge to any person, firm, employer or otherwise make use of:

* Any confidential information about the Company, its business, accounts, finances, research projects, future plans and strategy; nor
* Any other information designated as confidential or commercially sensitive which may have come to your knowledge during the course of your employment.

Signed on behalf of INSERT HOST ORGANISATION: .................................................................................

Print name and role: .................................................................. Date: .........................................

Signed on behalf of INSERT PhD STUDENT NAME: ................................................................................

Print name: .................................................................. Date: .........................................

Signed by (or on behalf of) The University of Leeds / Sheffield / York (delete as applicable): …………………………………………………………………………………………….

Print name and role: …………………………………………………………….. Date: ……………………………………….