

**ROYAL ROADS UNIVERSITY  
INTERNSHIP CONTRACT**



Student Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

University Program: \_\_\_\_\_

Course Number: \_\_\_\_\_

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Internship Position Title: \_\_\_\_\_

Host Employer/Business Name: \_\_\_\_\_

Address/City/Country: \_\_\_\_\_

**Job Description attached and agreed upon (Required):**  Yes Hours per week: \_\_\_\_\_

Start Date of Internship: \_\_\_\_\_ End Date of Internship: \_\_\_\_\_

Compensation (Please check those that apply and provide details in space provided):

Salary/Wage: \_\_\_\_\_

Unpaid or Alternate Payment (stipend, transportation, honorarium): \_\_\_\_\_

Name of Host Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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1. **WORK ACTIVITIES** The Student agrees to enter the workplace of the Host Employer and perform work style tasks. The Host Employer agrees to provide work experience activities and provide supervision of the student in the assigned duties.
2. **STUDENT DUTIES** The Student agrees to perform the duties assigned by the Host Employer in consultation with the University's representative(s) as required. The Student agrees to comply with the Host Employer's rules and all applicable safety regulations. Any special rules & safety requirements are to be communicated by the Host Employer to the Student.
3. **SUPERVISION** During the effective dates of this agreement, indicated above, the Student shall be under the direct supervision of the Host Employer; however, during the internship period, the university may contact the Host Employer and/or arrange a site visit at an agreed upon date and time.
4. **EVALUATIONS & ACADEMIC REQUIREMENTS** The Host Employer shall, at the request of the University representative(s), evaluate the Student in the performance of their assigned duties. The Host Employer shall also provide support and information, if required, to assist the student with his/her final project.
5. **WORKERS' COMPENSATION** All paid internships in BC fall under Employment Standards Act and are the responsibility of the host organization. Students hosted in unpaid internships within BC have coverage through the Ministry of Advanced Education, Training and Technology, under WCB Firm Number 4002. The filing, processing, and management of any WCB claim associated with this work placement is administered by the University's Payroll office. Outside of BC, WCB is the responsibility of the host and student.
6. **SITE SAFETY ORIENTATION** The Host Employer will provide to the Student, site and work specific safety training and will not permit the Student to perform any duties, unless the Student has all safety equipment required.
7. **REMUNERATION** The Host Employer and Student will negotiate and agree upon remuneration, if applicable.
8. **TRANSPORTATION & LOGISTICS** The parties agree that the Student is solely responsible for the Student's transportation and international travel documents, vaccinations and passport to and from the Host Employer's worksite, unless otherwise specified by the employer.

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**Questions and to return form:**

Work Integrated Learning @ Fax: 250-391-2670 [internships@royalroads.ca](mailto:internships@royalroads.ca) Phone: 1-250-391-2600 ext. 4527

Tuesday, May-07-13

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9. **EMPLOYEE TENURE** The Host Employer agrees that the work activities of the Student identified herein shall in no way affect the job security of any other employee of the Host Employer, nor the host employer's hiring practice with regard to any employees, whether full or part-time.
10. **UNIVERSITY'S OBLIGATIONS** It is agreed that once having arranged a work experience placement for the Student as set out herein, the University's only other obligation is to maintain contact with the Student and the Host Employer to such extent as the University deems necessary.
11. **INDEMNITY** The University hereby agrees that it will indemnify and save harmless the Host Employer, its employees and agents with respect to any costs or liability arising from any damage or injury sustained by another person (third party) through the negligence of the Student in the performance of his / her activities within the scope of this Agreement, or from any negligent acts or omissions of the University or its employees. The University shall not be liable for any damage or other claim arising out of any act or omission of any other party to this Agreement.
12. **FIRST AID & NOTICE OF INJURY** The Host Employer will, if a Student is injured, ensure that the appropriate first aid services are promptly provided; AND Immediately report the occurrence of the injury to Royal Roads University Payroll Office by telephone at 250-391-2582 or by Fax at 250-391-2656.
13. **PHYSICAL & MENTAL** The Student hereby agrees to be in good and mental health and able to fully participate in their internship and make informed, objective decisions. The Student is covered by, or will obtain, appropriate personal accident and personal liability insurance coverage before the start of the internship, or can and will personally pay for all costs and liabilities that may incur by virtue of participation in the program.
14. **CONFIDENTIALITY** The Parties agree to maintain in the strictest confidence, information that comes to their knowledge during this work experience placement.
15. **TERMINATION** Any party to this Agreement may, with justification, terminate it by giving two weeks notice of termination to the other parties. Justification may include non-performance, mutual agreement or unforeseen circumstances.
16. **EXCEPTION** In the event the Student shall be hired by the Host Employer outside the scope of this Agreement, the student shall be deemed to be an "employee" or "worker" of the Host Employer for the purpose of all Statutes of British Columbia.
17. **EFFECTIVE DATES & HOURS** The term of this agreement shall, unless terminated sooner, be effective during the dates listed above, during the Host Employer's regular business hours.

*By their signatures, the parties signify their agreement to the terms and conditions in this document.*

**Host Employer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and Position Title:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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**Approved by Work Integrated Learning Office:**

**University Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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