

# CDI On-Site Internship Supervisor Approval Form

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*To be completed by the on-site internship supervisor at the beginning of the internship*

The CDI offers students who are a minimum of 16 years of age the opportunity to earn up to 2.0 high-school credit(s) for internship experiences in the community. The hours interned by students participating in this CDI are covered by Workers Compensation through Manitoba Education and Training. Students are expected to provide the school with documentation of their completed internship hours following completion of the hours needed for credit.

## **Student Information** (to be completed by the student):

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

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

## **On-Site Internship Supervisor Information** (to be completed by on-site internship supervisor):

Company, business, or organization where student will intern:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

1. The internship will begin on \_\_\_\_\_ and conclude on \_\_\_\_\_.
2. The student will participate in a new worker orientation session on \_\_\_\_\_.
3. The student will receive required training for tasks and duties, as indicated in the training agreement. Training will be updated if duties and tasks are altered during the student's internship.

*continued*

## CDI On-Site Internship Supervisor Approval Form *(continued)*

4. The student will intern \_\_\_\_\_ hours a week, following the schedule outlined below:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

3. Planned absences (previously scheduled):

\_\_\_\_\_

4. The student will report to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

5. The student will not receive any compensation.
6. The student is responsible for transportation to and from the internship site.
7. The school must register the student for Workers Compensation coverage prior to the commencement of the internship. The Workers Compensation Board's firm number for Manitoba Education and Training is **0050153ED**.

I confirm that the above-stated information is true.

On-Site Internship Supervisor's Name (please print):

\_\_\_\_\_

On-Site Internship Supervisor's Signature:

\_\_\_\_\_