

**CONFIDENTIAL** 

# **Work-Integrated Education (WIE) Endorsement Form Department of Industrial and Systems Engineering**

Students are required to complete this form for submission to Department <u>AT LEAST TWO WEEKS</u>

<u>BEFORE</u> commencement of placement to ensure the activity is properly recognized and approved as WIE, and covered by the Top-up Group Personal Accident Insurance for Work Integrated Education (WIE) activities of the University.

1. Students should complete Part A, B & C below and <u>submit this form to their academic department for the completion of Part D</u>.

## Part A: Personal Particulars (to be completed by Student)

Name of Student:

	(English in BLOCK LETTERS)			(中文)		
Student ID:		<u> </u>		Year of Study:	X + + - <del>Z</del>	
Contact No.:	(Mobile):		(Home):			
Programme Name:						
Department:				Programme Code:		
Part B: Placement Details (to be completed by Student) – please tick as appropriate						
The placement that I  Student Affa  My Department Myself.  Details of the WIE	irs Office (SAO).	ndorsement is arranş	ged by –			
Name of Placement Organisation:						
Post Title:						
Location of Placement:				(City) (City)		
Offshore WIE Sponsorship (OWS) - applicable to students taking up offshore (Chinese mainland / Overseas) placements ONLY		☐ I would like to apply for OWS for the offshore placement arranged by myself. ☐ This is a placement arranged by SAO/My department				
Type of Placement	:	Physical Placen	nent	☐ Virtual Placeme	ent	
Placement Period:		From: (dd/mm/y		Γο: (dd/mm/yy)	(no. of days)	
Job details of WIE	placement:					
(Please attach details responsibilities, e.g. appointment or job of advertisement.)	copy of letter of					



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Is salary & allowance provided?	Yes.	per month / hour* * Please delete as appro	(Specify the currency & amount) opriate.
	∏No.		
Address of Placement Organisation:			
Contact person of the organisation:	Mr./Ms./Miss		
Contact information	Tel:	Email:	
	Fax:		
Official Chop of Placement			
Organisation:			
Authorized Signature of			
Placement Organisation:			
Date:			

A copy of employment contract or official letter, if available, should be submitted with this form as proof.

## Internship Programme Agreement with PolyU

- I hereby acknowledge and accept to be a trainee in the Internship programmes of The Hong Kong Polytechnic University (the "University") and I agree to undertake a work placement (the "Placement") at the workplace of one of the University's Placement Organisations (the "Placement Organisations").
- I agree that the Placement will be for a period to be agreed between the University and the Placement Organisation. While the University will try to place me at my choice of Placement Organisation I acknowledge this may not be possible and I agree to consider to be placed at an alternative Placement Organisation nominated by the University, if any.
- I agree that the University may suspend or terminate a Placement at anytime. If my Placement is terminated before its planned expiry date, the University will try to find me an alternative Placement. However, I acknowledge this may not be possible and I agree to consider alternative arrangement, if any, advised by the University to complete my Placement.
- 4 I understand that though the University will try all the means to assist me in seeking placement opportunities, I myself have to be employable as well as employment worthy.
- 5 I understand that by being on Placement and working for the Placement Organisation I will not be an employee of the Placement Organisation, unless prior agreement is reached between the Placement Organisation and myself.
- I understand that I have to fulfill all the training requirements required by the Student Affairs Office (SAO) or the department.
- 7 I agree that I will at all times while on Placement:
  - 7.1 attend work punctually and follow the Placement Organisation's reasonable instructions, policies and procedures,
  - 7.2 advise the Placement Organisation as soon as possible if I am unable to attend work on a particular day or if I will be late,
  - 7.3 dress appropriately to my role with the Placement Organisation,
  - 7.4 not misconduct myself or act in a way that may cause loss, cost, liability, damage or embarrassment to the University or the Placement Organisation,



Part C. Declaration by Student

Signature of Department

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- 7.5 conduct myself, in terms of attitude and behaviour, to the high standard expected of a student of the University,
- 7.6 report any workplace injury suffered by me while on Placement to the University and the Placement Organisation as soon as possible and co-operate with the University and the Placement Organisation in respect of any investigation or claim arising from such injury.
- 8 I understand that any breach of the regulations stipulated in Clause 7 will lead to failure of my Placement, and the University reserves the right not to grant me the Placement credit, if any, and shall keep a record of my misbehavior in my personal file.
- I warrant that I am not suffering from any illness, condition or disability that would prevent me from commencing and completing the Placement or which would impact upon my performance during the Placement. I agree immediately to advise the University in writing should it become apparent that I suffer from any illness, condition or disability that would prevent me from completing my Placement or which would impact upon my performance during the Placement.
- 10 I understand that the University has in place a Group Personal Accident insurance policy covering me taking on placement locally or off-shore, and I have to take out for myself additional travel insurance against medical expenses when taking on placement off-shore.
- I understand that if I consider the coverage of the Group Personal Accident insurance policy taken out by the University covering me on placement not comprehensive enough, I am required to acquire for myself additional personal insurance when taking on placement at my own cost.

Ι	(name of student)	declare that the information given by me in this form
recognised by the University	as satisfying the WIE requi	of false information in this form will result in not being rement even if I have completed the placement. I have ith PolyU", and understand that I am bound by the
Signature of Stud	ent	Date
Part D: Recognition of the	Placement as a WIE Ac	tivity (to be completed by the Department)
<del>-</del>	-	student is <b>ENDORSED</b> as a WIE activity.
because:	Part B to be taken by the	student is <b>NOT ENDORSED</b> as a WIE activity,
*The placement	is considered as discipline ee (for application of OWS	e-related and can provide learning opportunities S).
Official Chop and Au	tthorized	Date

\*Required fields for application of Offshore WIE Sponsorship.