**MANDATORY INTERNSHIP COMMITMENT TERM**

***(For UFSM undergraduate students in external internships)***

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| **EDUCATION INSTITUTION** |
| Universidade Federal de Santa MariaCampus: *[completar]*Employer Identification Number: CNPJ 95.591.764/0001-05Address: *[completar]*Neighborhood: *[completar]*City: *[completar]*State: (RS)ZIP CODE: *[completar]* |

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| **REPRESENTED IN THIS INSTRUMENT BY THE INTERNSHIP ADVISOR** |
| Professor: *[completar]*Dept./Teaching Unit: *[completar]*Siape: *[completar]*Phone(s): *[completar]*Email: *[completar]* |

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| **GRANTING PARTY** |
| Name: *[completar]*Employer Identification Number: *[completar]*Address: *[completar]*Neighborhood: *[completar]*City: *[completar]*State: *[completar]*ZIP CODE: *[completar]*Phone(s): *[completar]*Email: *[completar]* |

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| **REPRESENTED IN THIS INSTRUMENT BY** |
| Name: *[completar]*Position of representative: *[completar]*ID Number: *[completar]* |

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| **INTERNSHIP SUPERVISOR/PRECEPTOR** |
| Name: *[completar]*Position: *[completar]*Professional Registry/Council No. (if any): *[completar]*Training and/or experience in the internship subject area: *[completar]*Phone(s): *[completar]*Email: *[completar]* |

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| **INTERN** |
| Name: *[completar]*CPF: *[completar]*Degree program: *[completar]*Enrollment number: *[completar]*Degree Program Schedule (Regular or Night Classes): *[completar]*Address: *[completar]*Neighborhood: *[completar]*City: *[completar]*State: *[completar]*ZIP CODE: *[completar]*Phone(s): *[completar]*Email: *[completar]* |

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| **Agreement no. (between UFSM and Granting Party) and DATE OF VALIDITY (if any):** *[completar]* |

The parties identified above enter into this **Mandatory Internship Commitment Term**, in accordance with Law No. 11.788 of September 25, 2008, and UFSM Resolution No. 025 of September 06, 2010, which regulates internship programs carried out during undergraduate degree programs at UFSM:

**CLAUSE 1** – This instrument establishes the terms for carrying out a **MANDATORY INTERNSHIP** and specifies the special legal relationship between the **INTERN**, the **GRANTING PARTY** and **UFSM**.

**CLAUSE 2** – The mandatory internship is a supervised educational activity aimed at complementing the intern's education, under the terms of Law 11.788/2008 and the provisions of the pedagogical project of the undergraduate degree program in which the intern is enrolled.

**CLAUSE 3 –** the internship does not create an employment relationship of any nature, in accordance with Law 11.788/2008.

**CLAUSE 4** – the internship activities have been planned in common agreement between the parties and must be carried out in compliance with the following plan:

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| **INTERNSHIP PLAN OF ACTIVITIES** |
| **Start Date: \_\_\_\_/\_\_\_\_\_/202\_\_****Estimated Completion Date: \_\_\_\_\_/ \_\_\_\_/202\_\_****Weekly workload: \_\_\_\_ hours** |
| **(list/describe activities)** |

§ 1 – the schedule of activities will be established according to mutual convenience, respecting class hours, exams, and other teaching activities.

§ 2 – The activities foreseen in this plan may be altered, by means of an agreement between the parties and an addendum to this internship agreement.

§ 3 – this term must be signed by all parties before the start of the internship activities.

**CLAUSE 5** – the intern will be granted:

1. a recess from activities, preferably during the academic vacation period, under the terms of Art. 13 of Law 11.788/08, which must be remunerated proportionally to the value of the compensation (if any);
2. a reduction in the workload by at least half during the periods of partial and/or final academic evaluation, as established in the academic calendar;
3. insurance against personal accidents, policy number 01.82.002011, insurance company Sabemi Seguradora S.A., contracted by UFSM;
4. Transportation allowance in the value of *(complete with R$....)*, provided by the Granting Party [not mandatory - exclude this clause if not applicable];
5. Compensation in the value of *(complete with R$....)*, provided by the Granting Party [not mandatory - exclude this clause if not applicable];

**CLAUSE 6** – the Granting Party declares that the facilities provided for the training activities are adequate for the cultural and professional training of the intern, in accordance with Law no. 11.788 of September 25, 2008.

Sole paragraph - the facilities will be evaluated based on the declaration provided in accordance with this clause and/or through inspection, if necessary.

**CLAUSE 7** – the intern will undertake to comply with the internship plan and immediately inform his or her advisor and the Granting Party of any unforeseen event or force majeure that makes it impossible to perform the planned activities, as well as any change in their academic situation that leads to interruption, suspension or cancellation of the internship.

**CLAUSE 8** – an activity report shall be completed and signed within a period not exceeding 6 (six) months by the intern and the Granting Party, and shall be presented by the student to the advisor for follow-up and evaluation purposes.

**CLAUSE 9** – the advisor will be responsible for monitoring and evaluating the activities carried out and redirecting the intern to another location in case of non-compliance with the provisions of this term by either party.

**CLAUSE 10** – at the end of the internship, the Granting Party shall provide the intern with a term of completion which contains a summary of the activities performed, the periods and a performance evaluation, which shall be presented to the advisor.

**CLAUSE 11** – the internship will be terminated under the following circumstances:

(a) automatically at the end of the foreseen period;

(b) through termination of this Mandatory Internship Commitment Term, upon voluntary decision by either Party, signed in a separate instrument.

**CLAUSE 12** –this mandatory internship may be extended through an additional term, at the discretion of the parties, provided that it does not exceed 02 (two) consecutive years.

In witness whereof, the parties sign this instrument.

*Complete with City, date*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(complete with student name)*

Intern

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(complete with name)*

*(complete with the office of the representative of the granting party)*

Representative of the Granting Party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. *(complete with advisor’s name)*

Internship Advisor

Representative of UFSM

*(1 - there is no need to sign in this space if the instrument is electronic; 2 - print and sign in three copies if the instrument is not electronic)*