

JCU- Intern-FORM-01
RD7005 JCU Internship Project Plan



JCU Graduate Research School (GRS)

This form is used to capture the Internship project plan to address a research problem within an Industry partner. It must be developed and mutually agreed upon by the Industry partner, Academic Mentor and Candidate, and supported by the Primary Advisor (if not the Academic Mentor). The Internship is viewed as a collaborative research partnership with the aim to address a specific challenge or project identified and agreed upon by the Industry partner, candidate and Advisor Mentor .The progress of the project must be regularly monitored against the mutually agreed objectives, taking into account the student's ability, access to resources and time allocated for education and mentoring.

Please return the completed form to Fiona Whittenbury at grs.staff@jcu.edu.au

Candidate's Details

First /Given Name:			
Surname / Family Name:			
Student ID:			
Contact number			
Email address			
Degree details			
Study load			
Are you currently a scholarship holder?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Are you an International Candidate? <ul style="list-style-type: none"> • please provide visa details and expiry date 	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
College			
Stage of candidature (e.g.1.5 year, 2 years, during examination)			

Primary Advisor Details

First /Given Name:			
Surname / Family Name:			
Email address			

Academic Mentor Details

Same as Primary Advisor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No please complete below
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First /Given Name:	
Surname / Family Name:	
Position:	
Email address	

Industry Partner Details	
Name	
Address	
Contact name	
Contact title/role	
Contact number	
Contact email address	

Industry Partner invoicing details	
Entity name	
Trading name (if different from the entity name)	
ABN	
Organisation address	
Contact name	
Contact email address	

Project details	
Industry Partner contact name	
Expected project duration length (Proposed duration of the project should be between 30 days and 6 months)	
Expected project start date (This is an approx. date and can be altered)	
Location of internship (Where will the student be located during the internship)	

Financial contribution	Please note all financial contributions for this internship
Stipend contribution	\$
Cash contribution (e.g. for consumables, travel, etc.) If the internship is unpaid please write N/A	\$

Project background

Briefly describe the problem the student will be addressing during the internship. Identify the expertise the Industry Partner is seeking and explain how the student's skills and knowledge will be applied to address the outlined problem. (200 words)

Research to be conducted

Define two or three objectives that are aimed to be achieved throughout the internship

Expected outcomes

Outline the expected outcomes from the project. For example, a feasibility report, a prototype device or a software model. Will the end result stand-alone or be integrated into existing systems? (200 words)

Required skills

Outline the specific skill set required to successfully conduct the project, e.g. programming, particular software knowledge required for the project. (200 words)

Student declaration	
I confirm that:	1. The information provided in this document is true and accurate.
	2 I will comply with the University's Candidate Internship policy and procedures set out in the HDR internship agreement
	3 I will comply with the required Health and Safety requirements outlined by the internship provider.
	4 I will record this internship in my progress report
Signature	
Date	

Primary Advisor declaration	
To be completed by the candidates Primary Advisor who does NOT intend to be the Academic Mentor for the project, indicating your support for the candidate.	
Name	
I support this internship.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why?	
I have discussed with my candidate the possibility of a research internship and I support their application and participation	
Signature	
Date	

Academic Mentor declaration	
Name	
I support this internship.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why?	
I agree to be the Academic Mentor throughout the research internship and will provide the necessary support to the candidate and guidance on the research project.	
Signature	
Date	