



CLINICAL ENGINEERING PROGRAM
INTERNSHIP INFORMATION FORM

164 College Street, Rosebrough Building, Room 407
Toronto ON M5S3G9
Email: clinicaleng.ibbme@utoronto.ca
Fax: 416-978-4317

This form should be completed no later than two weeks after the first day of your internship. The objectives and deliverables of the internship should be discussed with your internship supervisor. You will be evaluated against these goals at the end of your internship. Please leave your completed form in the CE Program mailbox in the IBBME main office; alternatively, signed forms may be scanned and submitted electronically to clinicaleng.ibbme@utoronto.ca or faxed to 416-978-4317.

STUDENT INFORMATION

First Name	Last Name	Student Number
Phone Number	Email Address	

INTERNSHIP SITE/SUPERVISOR INFORMATION

First Name	Last Name	Current Position	
Organization and Department			
Mailing Address	City	Province	Postal Code
Work Number	Fax Number	Email Address	

INTERNSHIP INFORMATION

Internship Number: One Two Three Four Start Date: End Date:

Internship Stipend: \$ _____ per Term Month Hour Bi-Wk Work hours per week: _____

INTERNSHIP POSITION INFORMATION (developed in collaboration with your internship supervisor)

If you will be engaged in more than one project, please provide this information for each project.

Please provide a tentative title for your internship project.

Please list the objectives of this internship project.

1. _____
2. _____
3. _____
4. _____

Please list the expected deliverables.

1. _____

2. _____

3. _____

4. _____

INTERNSHIP AGREEMENT

INTERNSHIP STUDENTS:

This confirms that I have accepted this internship position for the above work term and agree to:

- No longer participate in the internship competition process for this work term
- Be available for the whole internship period as indicated above
- Follow internship guidelines outlined by the CE Program Office
- Conduct myself in a professional, ethical manner and maintain employer confidentiality
- Fulfill my work term to the best of my ability, apply and develop my academic skills wherever possible
- Consult with the Graduate Coordinator of the Clinical Engineering Program before terminating an internship

INTERNSHIP EMPLOYERS:

This confirms that I have offered the internship position for the above work term and agree to:

- Provide the student with a high quality training opportunity where he/she can make a meaningful contribution to the workplace
- Ensure the student receives adequate supervision, regular guidance and is given the opportunity to learn on the job. Work with the student in developing the learning objectives.
- Complete a written performance evaluation where you will be asked to evaluate the student against the objectives and deliverables listed above at the conclusion of the internship.

CLINICAL ENGINEERING OFFICE:

- Will make every effort to assist with the resolution of issues arising during the work term.

I have read, understand and accept the terms of this agreement as stated above.

Signature of Student

Signature of Supervisor

Signature of Graduate Coordinator

Printed Name of Student

Printed Name of Supervisor

Printed Name of Graduate
Coordinator

Date

Date

Date

Please return the completed form to the Clinical Engineering Program Assistant at IBBME.

Mail: Clinical Engineering Program, IBBME
University of Toronto
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