**PREPARATORY FORM**

**INTERNSHIP / PROFESSIONNAL EXPERIENCE DECLARATION**

It is recommended to fill in this form together with the internship supervisor or someone from the HR Department at the host organisation.

**Host Organisation**

Name

Address

ZIP Code

City

Country

**Address where the internship will take place (please mention the address of the company even if you are partially or fully working remotely)**

Address

ZIP Code

City

Country

* *Please mention in the "Missions" section if your internship takes at the company’s office, telecommuting or both.*

**Host Organisation Representative**

Last Name

First Name

Address

ZIP Code

City

Country

Function

Service

Email Address

Phone Number

**Host Organisation Internship Supervisor**

Last Name

First Name

Address

ZIP Code

City

Country

Function

Service

Email Address

Phone Number

**Stipend**  Yes 🞏 -------------- (Indicate the amount) No 🞏

**Vacation**   Yes 🞏 No 🞏

**Business trips**   Yes 🞏 No 🞏

We kindly remind you that business trips are only authorized in the areas defined by the [French Ministry of Foreign Affairs](https://www.diplomatie.gouv.fr/fr/conseils-aux-voyageurs/), and may be subject to the approval of Sciences Po.