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| Academic year: 2021/2022Contractual addendum[[1]](#footnote-1) to the internship agreement  |
| The higher education establishment  Name: **Sorbonne University**Address (head office): 21 rue de l’École de Médecine 75006 Paris***Note: Do not send the addendum to this address***Represented by: **Nathalie DRACH-TEMAM**Title of the representative: President of Sorbonne UniversityName of the signatory to this agreement:Title of the signatory:🕿 : Email:Department/School/Institute/Faculty:Address (if different from the head office):***Note: Do not send the amendment to the stress****Management of the intern by the establishment*Name and first name of the intern’s supervisor:🕿:  Email:  | The internship providerName: Address (head office): Country: Represented by:Role of the representative:Name of the signatory to this agreement:Role of the signatory:🕿 : Email:Department/School in which the internship will be undertaken: Address (if different from the head office):*Management of the intern by the establishment*Name and first name of the internship mentor:🕿 :Email:*Mentors and intern supervisors must be contactable during the internship* |
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|  | **Humanities** |  | **Medicine** |  | **Science and Engineering** |

The internThe student’s home faculty (*tick the appropriate box*): Student card number: Name: First name:Date of birth: Home address: 🕿: Email: Emergency contact (other than the intern):Title of the course or curriculum attended in the higher education establishment (specify the honours and the course): Level of qualification:  |

In view of the Covid-19 health crisis and the exceptional circumstances occurring during this internship,

this addendum will automatically take effect on the date it is signed by the intern. It is intended to modify,

as indicated below, the internship agreement signed between the parties indicated above.

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| Modification of internship datesThe internship, planned for the following dates from to and carried out remotely where applicable from to will be:* extended until . This represents a total internship duration of hours of effective attendance.
* temporarily interrupted until . A new internship agreement will be signed if the internship can resume.
* indefinitely suspended.

Modification of specific conditionsAs of ,* The initially planned location for the internship has been changed to the following address:

………………………………………………………………………………………………………………….………………………………………………………………………………………………………………….It will be carried out:* remotely (at the intern’s home location)
* under face-to-face teaching conditions (classrooms)
* remotely and under face-to-face teaching conditions (attach the schedule drawn up by the internship provider)

*The parties hereby agree that if lockdown measures are reinstated or health and safety recommendations are not observed, the internship will automatically take place remotely from the intern’s home location.* * Other modifications applicable to specific conditions (timetable, work constraints, etc.):

………………………………………………………………………………………………………………….Other modifications relating to:* The intern’s mentor and/or supervisor:......................................................................
* The subject of the internship:.....................................................................
* The responsibilities, tasks or activities assigned: ………………………………………………………………………......

***It is forbidden to entrust interns with tasks that pose a danger to their health or safety.****The intern hereby agrees to abide by the schedule drawn up by the internship provider and to remain ‘remote’ (not to go to the provider’s establishment) The internship provider hereby agrees to abide by the* [*national protocol,*](https://travail-emploi.gouv.fr/IMG/pdf/protocole-national-sante-securite-en-entreprise.pdf) *and, as applicable, the published job information sheets.* |
| **On behalf of the internship provider** Name and signature of the representative of the internship provider, official stamp | **The internship mentor (of the internship provider)** Name and signature |
| **The intern (or legal representative as applicable)** Name and signature  | **The intern’s supervisor**Name and signature |
| **Departmental or Faculty/Institute stamp** | **On behalf of the higher education establishment** Name and signature of the representative of the establishmentDrawn up at .............................................. on .....................  |

*It is hereby agreed between the parties that this addendum may be sent by email with scanned electronic signatures subject to verification of the identity of the signatories.*

1. *In application of the education code, notably articles L124-1 et seq.*

*In application of* [*law No. 2020-856 of 9 July 2020 that details the exit strategy from the public health state of emergency*](https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000042101318/) *extending the transitional period established at the end of the state of emergency*

In application of the [***current national protocol***](https://travail-emploi.gouv.fr/IMG/pdf/protocole-national-sante-securite-en-entreprise.pdf) [↑](#footnote-ref-1)