

## LETTER OF CONSENT INTERNSHIP PROGRAMME

**(For Internship providing no allowance or allowance below the minimum baseline)**

- This form is applicable to SP student who is under the internship programme (“Programme”).
- This form must be duly signed and submitted to the respective School Senior Liaison Officer (“SLO”), at least 4 weeks before the commencement of the Programme.
- Student who is under 21 years old must obtain consent from his/her Parents/Guardian.
- If a student faces financial challenges, he is encouraged to pro-actively inform the SLO who can provide advice on how to seek financial assistance accordingly.
- SLO has to duly inform the student that student cannot negotiate his/her allowance amount nor seek to change his/her internship placement after giving consent.
- This Letter of Consent shall be governed by and construed in all respects in accordance with the laws of Singapore and the parties to this Letter of Consent hereby submit to the non-exclusive jurisdiction of the Singapore Courts.

**All information collected in this form will be kept strictly confidential and used only for the purpose of evaluating or administration of internship activities by Singapore Polytechnic and/or conducting of internship activities by Programme participants.**

### 1. STUDENT INFORMATION

Name of Student	
Admission No.	
Course Title / Year	
Date of Birth	
Contact No.	

### 2. COMPANY INFORMATION

Name of Company	
Company Address	
Internship Schedule	
Job Scope	

**3. STUDENT ACKNOWLEDGEMENT AND CONSENT**

I (Name as in NRIC/Passport), \_\_\_\_\_, of  
Student Administration No. \_\_\_\_\_, confirm that I fully understand the nature  
and tasks of the SP Internship Programme (“Programme”). I am also fully aware that I will,  
\*not be receiving any allowance or payment/receive an allowance that is lower than minimum  
for the duration of the Programme.

I understand that I need to be financially and socially independent. I undertake not to hold SP  
responsible or liable for the lack of allowance given for my work done in the course of the  
Programme.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**4. PARENT/GUARDIAN’S CONSENT (Applicable to Student under 21 years old)**

I (Name as in NRIC/Passport), \_\_\_\_\_,  
the \*father / mother / guardian, holder of \*NRIC / Passport No., \_\_\_\_\_  
give consent for my \*child / ward (Name as in NRIC/Passport), \_\_\_\_\_,  
to participate in the SP Internship Programme (“Programme”).

I am fully aware that my \*child / w will \*not be receiving any allowance or payment of any, for  
for the duration of the Programme. I will not hold SP responsible or liable for the lack of  
allowance.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date