

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 [atgrs.staff@jcu.edu.au](mailto:atgrs.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?	Yes	No
Are you an International Candidate? x please provide visa details and expiry date	Yes	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?		<es		No please complete below
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First /Given Name:	
Surname / Family Name:	
Position:	
Email address	

Industry Partner Details	
Name	
Address	

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 that



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 candidate's 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.	<table border="1"> <tr> <td></td> <td>Yes</td> <td></td> <td>No</td> </tr> </table>		Yes		No
	Yes		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.	<table border="1"> <tr> <td></td> <td>Yes</td> <td></td> <td>No</td> </tr> </table>		Yes		No
	Yes		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.