

**LETTER OF CONSENT
 INTERNSHIP PROGRAM**

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

- This form is applicable to SP student who is under the internship program (“Program”).
- 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 Program.
- 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 Program 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 Program (“Program”). I am also fully aware that I will *not be
receiving any allowance or payment of any kind / be receiving an allowance that is lower than the
minimum baseline of the sector, for the duration of the Program.

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
Program.

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 Program (“Program”).

I am fully aware that my *child / ward will *not be receiving any allowance or payment of any kind
/ be receiving an allowance that is lower than the minimum baseline of the sector, for the
duration of the Program. I will not hold SP responsible or liable for the lack of allowance.

Signature of * Parent/ Guardian

Date