



TRAINING/INTERNSHIP PLACEMENT PLAN

DRAFT

Please complete the following information electronically and return by e-mail.

SECTION 1: EXCHANGE VISITOR NAME

SECTION 2: HOST INFORMATION

Business/Organization Name:

Address:

City: State: Zip Code:

Employer ID Number(EIN):

Website URL:

Number of FT employees onsite where the internship/training program will take place:

Annual US Revenue

\$0-3 million \$3-10 million \$10-25 million >\$25 million

Does your business/organization carry Worker's Compensation coverage?

Yes No If yes, name of Worker's Compensation Carrier:

Does your Worker's Compensation policy cover the intern/trainee?

Yes No If no The applicant is provided with alternate equivalent coverage.

The applicant is not covered under Worker's Compensation or any equivalent policy and we have confirmed that we are exempt from providing coverage under state law.

Dates of internship/training program:

Hours Per Week:

Start Date: End Date:

Will the intern/trainee be paid?

Yes No If Yes Stipend Amount: Stipend Basis:

Will the applicant receive any non-monetary compensation? (i.e. housing, transportation, free meals)

Yes No Non-monetary compensation total estimated value (for entire program):

If yes, description of non-monetary compensation:

Main Program Supervisor/POC at Host Company/Organization:

Last Name: E-mail Address:

First Name: Phone Number: Fax (Optional):

Title:

Each Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase.

Intern Programs - Placement Plans must describe the role of the intern in the organization and, if applicable, identify various departments or functional areas in which the intern will work; and identify the specific tasks and activities the intern will complete.

Trainee Programs - Placement Plans should be broken up into various phases or components covering no more than 4 months duration each. Regardless of length all Trainee Placement Plans should contain at a minimum two phases or rotations.

Hospitality and Tourism Programs - For both Internship and Trainee Placement Plans in the fields of Hospitality or Tourism, all programs of six months or longer must contain at a minimum 3 departmental or functional phases/rotations.

SECTION 3: TRAINING/INTERNSHIP PLAN

Phase 1 Description

Phase Name

Phase dates:

Start Date End Date

Primary Phase Supervisor:

Last Name: E-mail Address:

First Name: Phone Number: Fax (Optional):

Title:

1.1 Description of Trainee/Intern's role for this program or phase.

1.2 Specific goals and objectives for this program or phase.

1.3 Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

1.4 What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

1.5 What specific knowledge, skills, or techniques will be learned?

1.6 How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (Trainees).

1.7 How will the Trainee/Intern's acquisition of new skills and competencies be measured?

1.8 Additional phase remarks (Optional):

Leave this section blank if no further phases are included.

Phase 2 Description

Phase Name

Phase dates:

Start Date

End Date

Primary Phase Supervisor:

Last Name:

E-mail Address:

First Name:

Phone Number:

Fax (Optional):

Title:

2.1 Description of Trainee/Intern's role for this program or phase.

2.2 Specific goals and objectives for this program or phase.

2.3 Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

2.4 What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

2.5 What specific knowledge, skills, or techniques will be learned?

2.6 How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (Trainees).

2.7 How will the Trainee/Intern's acquisition of new skills and competencies be measured?

2.8 Additional phase remarks (Optional):

Leave this section blank if no further phases are included.

Phase 3 Description

Phase Name

Phase dates:

Start Date End Date

Primary Phase Supervisor:

Last Name: E-mail Address:

First Name: Phone Number: Fax (Optional):

Title:

3.1 Description of Trainee/Intern's role for this program or phase.

3.2 Specific goals and objectives for this program or phase.

3.3 Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

3.4 What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

3.5 What specific knowledge, skills, or techniques will be learned?

3.6 How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (Trainees).

3.7 How will the Trainee/Intern's acquisition of new skills and competencies be measured?

3.8 Additional phase remarks (Optional):

Leave this section blank if no further phases are included.

Phase 4 Description

Phase Name

Phase dates:

Start Date

End Date

Primary Phase Supervisor:

Last Name:

E-mail Address:

First Name:

Phone Number:

Fax (Optional):

Title:

4.1 Description of Trainee/Intern's role for this program or phase.

4.2 Specific goals and objectives for this program or phase.

4.3 Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

4.4 What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

4.5 What specific knowledge, skills, or techniques will be learned?

4.6 How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (Trainees).

4.7 How will the Trainee/Intern's acquisition of new skills and competencies be measured?

4.8 Additional phase remarks (Optional):

Leave this section blank if no further phases are included.

Phase 5 Description

Phase Name

Phase dates:

Start Date

End Date

Primary Phase Supervisor:

Last Name:

E-mail Address:

First Name:

Phone Number:

Fax (Optional):

Title:

5.1 Description of Trainee/Intern's role for this program or phase.

5.2 Specific goals and objectives for this program or phase.

5.3 Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

5.4 What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

5.5 What specific knowledge, skills, or techniques will be learned?

5.6 How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (Trainees).

5.7 How will the Trainee/Intern's acquisition of new skills and competencies be measured?

5.8 Additional phase remarks (Optional):