**Internship Certificate**

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| **logo of host Organisation** | **Internship Certificate**  ***To be given to the intern at the end of internship*** |

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| Host organisation Name or company name : ………………………………………………..………………………………………………..……………………..…………………….  Address: ……………..……………………..……………………..………………………………………………………………………  ……………………………………………..….….…………………………………….…………………………..………………………  🕿 ………………………………….. |

**Certify that**

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| **The intern**  Surname : ……………………………………………… Name : ……………………………….  F 🞎 M 🞎 Date of birth : \_\_\_ /\_\_\_/\_\_\_\_\_\_\_  Address : …………………………………………………………………………………………………..………….……..  ……………………………………………………………………………….….…………………………………………….  🕿 ………………………………….. Email : …………………………..........................................................................  **Student in**(title of the training or higher education course followed by the intern):  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  **Studying at (**name of higher education institution or training organization): ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**has completed an internship as part of his/her studies**

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| **Length of internship**  …………………………………………………………………………………………………………………………………  Dates of beginning and end of internship : from……DD/MM/YYYY……………… to………… DD/MM/YYYY …………………  Representing a total duration of ………………......…….. (Number of months/Number of weeks)  The total duration of the internship is assessed, taking into account, the actual presence of the intern in the organization, subject to holiday rights and authorized absence provided for in article L.124-13 of the education code (art L.124-18 of the Education Code). Each period at least equal to 7 hours of consecutive or non-consecutive presence is considered equivalent to one day of training and each period at least equal to 22 days of consecutive or non-consecutive presence is considered equivalent to one month. |
| AMOUNT OF BONUS PAID TO THE INTERN  The intern received an internship bonus for a total amount of ……………………….. € |

**Place of signature (town) ……………………………………………………**

**Date ………………………………………………………..**

Name, occupation and signature of the representative of the organization

**The internship certificate** is essential in order to be able, subject to payment of a contribution, to have the internship taken into account for pension rights. The legislation on pensions (Law No. 2014-40 of January 20, 2014) allows students whose internship has been granted, the possibility of having it validated within the limit of two terms, subject to payment of a contribution. The request must be made by the student within two years of the end of the internship and on compulsory presentation of the internship certificate indicating the total duration of the internship and the total amount of the bonus received. The precise information on the contribution to be paid and on the procedure to be followed should be requested from the social security (social security code art. L.351-17 - education code art.D.124-9).