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**ARH Internship Programme**

Summer 2015

The **ARH** **Internship Programme** offers a small group of outstanding students the opportunity to acquire direct exposure to community-based promotion of maternal and child health. It is designed to complement public health and IT-oriented studies with practical experience in various aspects of multilateral technical cooperation. We accept students currently enrolled in a master’s programme, or in the final year of a bachelor’s program as well as recent graduates.

Internship assignments may be one or two months depending on the student’s preference.

Action for Reproductive Health (ARH) does not pay for internships. The costs associated with internships will be met by the nominating institution, related institution or government, which may provide the required financial assistance to its students; or by individual students; who will make their own arrangements for travel, and feeding. The internship provided is full time.

1. ARH will make arrangements for decent and secure accommodation at the cost of $300 per month.
2. While in the communities, ARH will provide students with transportation.
3. To obtain a visa, visit the website of the Uganda Mission in New York website (http://newyork.mofa.go.ug/) or contact Françoise Kauzya (f.kauzya@arhtogether.org).
4. Students are encouraged to buy health insurance coverage for their time in the internship.
   1. AIG provides health insurance for international students at approximately $140.
   2. Students from outside of the USA can also the insurance from their respective countries of origin.
5. Flight fares vary and this summer the fares for a return ticket costs range between $1,350 - $1,900 depending on the airline and the number stops.

**ARH Internship Programme Agreement**

1. **Personal Information:**

First Name:      Last Name:       Middle Name (if any):       Gender (f/m):

Date of Birth (dd/mm/yy):       Place of Birth (city/country):

Present Nationality:       Nationality at Birth:

Present Address (street, apartment, city, county, zip code):

Permanent Address (street, apartment, city, county, zip code):

Phone (home):       Phone (work):       Phone (cell):       Email:

1. **Education:**

Present University or Institutional Affiliation (name, city, country):

Area of Study:       Expected Degree (final year of undergraduate, master, doctoral, any post-graduate diploma):

Date Degree Started (dd/mm/yy):       Expected Date Degree(dd/mm/yy):

Undergraduate Degree (university name, city, country):

Area of Study:       Degree Granted:

Dates of your Intended Internship Period:

From (dd/mm/yy):      To (dd/mm/yy):

*(Interns may be accepted for a minimum of 4 weeks to a maximum of 8 months)*

Select one option:

**I am enrolled in a graduate program (or will be by the internship start date)**

**I am in my final academic year of a first university degree**

**I have graduated with a university degree**

1. **ARH Internship Location, Unit, and Hours**

Location: Nyabushenyi Health Centre, Ntungamo District

1. **Statement of Understanding of the Conditions of the Internship**

**I accept** the internship, which has been awarded to me by Action for Reproductive Health and understand the following:

* 1. **Status**: Although not considered a staff member of Action for Reproductive Health, I shall be subject to the authority of the Executive Director and the authority delegated by her to the Section Heads, Advisors and the Programme Directors and other staff members.
  2. **Financial Support:** I shall not be paid by Action for Reproductive Health and must make my own arrangements for living expenses. Living accommodation are my own responsibility or those of the sponsoring institution.
  3. **Medical Health Coverage:** Action for Reproductive Health accepts no responsibility for costs or fatality arising from illness or accidents incurred during the internship; therefore, I must carry adequate and regular medical insurance.
  4. **Passports and Visas:** I am responsible for obtaining necessary passport and visas when required. Action for Reproductive Health will issue only a letter stating acceptance of an individual as an intern and the conditions governing the internship. *If you do not have a valid visa, or not required to have one, please inform us.*
  5. **Confidentiality and Publication of Information:** As an intern, I will respect the confidentiality of information that I collect or am exposed to at Action for Reproductive Health.

1. **I undertake** the following obligations with respect to the Action for Reproductive Health internship program:
2. To observe all applicable rules, regulations, instructions, procedures and directives of the Organization;
3. To refrain from any conduct that would adversely reflect on Action for Reproductive Health or on the receiving office and will not engage in any activity which is incompatible with the aims and objectives of Action for Reproductive Health;
4. To respect the impartiality and independence required of Action for Reproductive Health and of the receiving office and shall not seek or accept instructions regarding the services performed from any Government or from any authority external to the Organization;
5. To keep confidential any and all unpublished information made known to me by the accepting office or bureau during the course of my internship that I know or ought to have known has not been made public, and except with the explicit authorization of Action for Reproductive Health, not to publish any reports or papers on the basis of information obtained during the program, both during and after the completion of my internship;
6. To provide the receiving department/office with a copy of all materials prepared during my internship;
7. To provide immediate written notice in case of illness or other circumstances which might prevent me from completing the internship;
8. To complete the internship evaluation questionnaire at the end of my internship and to submit it to the officer-in-charge of the internship program at the duty station;
9. To return my identification pass to the officer-in-charge of the internship program at the duty station

*Please sign this agreement and email it to Action for Reproductive Health via f.kauzya@arhtogether.org*

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the Action for Reproductive Health Internship Agreement or other document requested by the organization renders an internship with Action for Reproductive Health liable to termination.

Signed: Date: