**1.** **Internship Overview**

|  |  |
| --- | --- |
| Project title |  |
| Internship job title |  |
| Organization name |  |
| Number of paid staff |  |

 **2. Internship project / work description**

|  |  |
| --- | --- |
| Max 1,000 words *(provide specific details of the proposed project)* |  |
| Proposed start date of internship *(YYYY/MM/DD)* |  |
| Proposed end date *(YYYY/MM/DD)* |  |
| Length of internship *(# weeks)* |  |

**3. Internship Project Description**

|  |  |
| --- | --- |
| Skill development for the intern / Mentoring, Orientation & Supervision |  |
| Relevant skills and abilities to be gained by the intern *(include training, experience, employability skills, etc)* |  |
| Ideal candidate profile *(educational background, required skills or experience)* |  |
| Name and profile of supervisor *(include CV as attachment)* |  |
| Orientation and training *(briefly describe orientation and training for intern — max 500 words)* |  |
| Recruitment Plan |  |
| Benefit of internship for the intern, the organization, and the community *(max 500 words)* |  |
| Precautions *(lifting requirements, conditions of work environment)* |  |

 **4. Budget**

|  |  |
| --- | --- |
| Hourly wage of internship *($)* |  |
| Number of hours per week (h) |  |
| Amount for employer mandatory costs *($)* |  |
| Total stipend/salary cost *($)* |  |
| Additional internship expenses *(please specify the type of expenses and costs; i.e. materials, travel, CMA National Conference, etc.)* |  |
| Total *($)* |  |
| Request from Shirley L. Thomson internship program *($ — up to $15,000)* |  |
| Employer project contribution *($ — include supplies & facilities)* |  |
| Notes of clarification to budget *(if necessary)* |  |

 **5. Contact information** (all fields are required for communication purposes) **\***

|  |  |
| --- | --- |
| Name and title of head of the organization |  |
| Mailing address |  |
| Contact person |  |
| Telephone number |  |
| Email address |  |
| Name and title of the supervisor |  |

 ***\* Confidential when completed***

 ***Note: Please submit this form and return with the curriculum vitae of the supervisor as an attachment. This is required to complete your nomination.***

**I confirm that the information provided is accurate. I agree to respect the conditions and rules of the Canadian Museums Awards Program of the CMA and the decision of the Award Jury, which cannot be appealed.**

|  |  |
| --- | --- |
|  | **I confirm** |

**Date Signature**