National Health and Medical Research Council
Indigenous Virtual Internship Program

Terms and Conditions Agreement

The aim of the National Health and Medical Research Council (NHMRC) Indigenous Virtual Internship Program (NIIP) provides an opportunity for Aboriginal and Torres Strait Islander university students to gain insight into the work undertaken by the agency. The NIIP endeavours to enhance their educational experience through a virtual, practical work experience opportunity of 200 hours or more.

I, (insert your full name), agree to the terms and conditions set out below in relation to undertaking a virtual internship at NHMRC.

Duration
I confirm that the duration of my internship has been agreed with the relevant NHMRC Executive Director. The hours agreed coincide with summer university break (insert commencement and end date).

My status while an intern
During my internship placement, I understand that I will not have supervisory responsibility nor represent NHMRC in any capacity, legal or otherwise.

Confidentiality and conflict of interest
I agree that any documentation or all unpublished information, designated as confidential and made known to me by NHMRC during the course of my internship is to remain as in-confidence unless advised otherwise.

I understand that, except with the written approval of the relevant Executive Director, I will not publish, either during or after the completion of my placement, any reports or papers on the basis of information obtained during my participation in NIIP.

I agree that I will immediately report any potential or perceived conflict of interest arising during my internship to my supervisor. I understand that NHMRC has sole discretion to resolve any such conflict of interest as it deems appropriate, including the termination of my internship.

Subsequent employment
I confirm that I do not have an expectation of employment with NHMRC during or subsequent to the completion of my internship on (insert date).

Remuneration
I understand that I will be paid at the APS2.1 Level salary as an Indigenous Intern and I have adequate financial support for the placement.

Conduct
I agree to act in accordance with the Australian Public Service (APS) Code of Conduct, as set out in section 13 of the Public Service Act 1999 (available at www.legislation.gov.au/Details/C2016C00420) at all times during my internship at NHMRC.
I understand that in the case of inappropriate or unprofessional conduct, or serious failure to perform assigned tasks, NHMRC reserves the right to terminate the placement.

**Hours of attendance**
I understand that I am expected to work a standard 7 hour 30 minute day from Monday to Friday unless otherwise negotiated with my supervisor.

**Annual leave, personal leave and public holidays**
I understand that I do not have access to annual or personal (sick) leave and that official public holidays observed by NHMRC apply to me in the same way they do to NHMRC employees.

**Separation**
I agree that I will provide my receiving branch with a copy of all materials prepared during my internship and I will comply with all required exit procedures at the end of the placement.

**Program evaluation**
I agree that I will submit a report summarising my activities and experiences to my supervisor no later than three (3) working days before the completion of my internship.

**Security clearance**
I agree to undertake the requirements of an Australian Federal Police National Police Check prior to my commencement.

I agree to provide a digital copy of the following documents to Human Resources prior to the commencement of my internship:

- original birth certificate
- drivers licence or passport or proof of identity (photo ID card)
- change of name documents (if applicable)
- either a Medicare card, land rates notice, Australian Electoral Commission Voter Registration Card, or a recent account from a utility such as electricity, telephone or gas.

**By signing below, you have read, understood and agree to the terms and conditions of the Indigenous Virtual Internship Program.**

| Signature: | Date: |