

ANNEX B. KNDI INTERNSHIP PROGRAMME - ARRIVAL NOTE

INTERNSHIP DOMAIN (i.e. Clinical Nutrition, Clinical Dietetics, Community Nutrition, Public Health Nutrition, Food Science Nutrition, Food Service Diet Therapist):

.....

INTERN'S NAME:

TELEPHONE NUMBER:

EMAIL ADDRESS:

KNDI INDEX NO:

PLACE OF INTERNSHIP:.....

ADDRESS.....

DATE REPORTED FOR DUTY:.....

SIGNATURE: DATE:

Reminders:

1. Upload this form duly completed to <https://internship.kndi.institute/#/internship/arrival-note> within the first week of your internship period.
2. Internship reports should be completed and handed in for processing of your final grade.

FOR OFFICIAL USE ONLY

Date Received back (KNDI):

Signature of Chairman Accreditation/Examination Officer:.....

Signature of Head of IU Department:

Note: A copy of this form should be returned to the Nutrition department and KNDI when duly filled

ANNEX C. INTERNSHIP AGREEMENT

The Internship is planned to develop a graduate student professionally, economically, culturally and socially. To meet these goals, there are responsibilities the intern must realize and agree to carry out to the fullest extent. As a participant in internship, I am willing to assume the following responsibilities:

- 1) To know that the Coordinator/Preceptor is the recognized authority for making adjustments or changes in the training received through Internship Programme.
- 2) To know that it is my responsibility throughout the internship period to be well dressed and groomed at my place of Internship.
- 3) To carry out my training in such a manner that it will reflect credit upon myself and on Internship programme.
- 4) To perform all my duties in a commendable manner and perform related study assignments and challenge activities with earnestness and sincerity.
- 5) To work towards the group and individual achievement goals.
- 6) To be on time and regular in attendance at my station for Internship.
- 7) To notify my Supervisor/Preceptor as soon as I know I will be absent from work.
- 8) To notify the Preceptor as early as possible when I know I will be absent from work.
- 9) To conduct myself in satisfactory manner, at my place of Internship failure to which my training may be discontinued from participating in the Internship Programme.
- 10) To know that if I am discontinued from internship, I will receive a failing grade and will not be licensed to practice as a nutritionist/dietician.
- 11) To agree not to quit or change my place of Internship without discussing the situation over with my immediate Supervisor, Preceptor and Coordinator.

Note: An Intern should be released from their place of internship if necessary to attend certain important functions.

I fully understand the above statements and I agree to cooperate in carrying them out to the fullest extent

Student’s Name

Student’s Signature.....

Date.....

Preceptor’s Name.....

Preceptor’s Signature.....

Date.....

Head of Institution’s Name.....

Signature.....

Date.....

Note: A copy of this form should be returned to the Nutrition department and KNDI when duly filled