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**PEER SHADOWING AGREEMENT 2019**

**SI SUMMER ACADEMY FOR YOUNG PROFESSIONALS (SAYP)**

This agreement has been established between the visiting peer and the host organisation, which has confirmed to accept him/her for an unpaid full-time peer shadowing visit during the dates specified. The preliminary content of the visit is described in the activity programme, in section C. The visiting peer is a former participant (alumni) of the Swedish Institute (SI) Summer Academy for Young Professionals (SAYP).

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| --- | --- | --- |
| SECTION A – DETAILS OF VISITING PEER | | |
| First name |  | |
| Last name |  | |
| Date of birth (YYYY-MM-DD) |  | |
| Citizenship |  | |
| E-mail address |  | |
| Sex | Male | Female |

|  |  |
| --- | --- |
| SECTION B – DETAILS OF HOST ORGANISATION | |
| Name of organisation |  |
| Department/unit/office (if applicable) |  |
| Name of supervisor to the visiting peer |  |
| Position/title of supervisor |  |
| E-mail address of supervisor |  |

|  |  |
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| SECTION C – ACTIVITY PROGRAMME | |
| Start of peer shadowing visit (YYYY-MM-DD) |  |
| End of peer shadowing visit (YYYY-MM-DD) |  |
| Tasks/activities/work (or specific staff) to be observed | |
|  | |
| Overall goals/objectives, and plan for experience-sharing | |
|  | |

**Responsibilities of host organisation**

* Provide a safe and healthy workplace environment
* Provide the visiting peer with a schedule for the work week(s), for a minimum of 30 hours and a maximum of 40 hours per week
* Provide access and support for the visiting peer to be able to observe/shadow staff, work groups and activities of relevance for the activity programme, above
* Provide possibilities for the visiting peer to present findings and ideas/conclusions for the organisation
* Immediately report to SI if any problems or changes, related to the peer shadowing visit should occur

**Responsibilities of the visiting peer**

* Follow all instructions provided by the host organisation e.g. concerning safety regulations and precautions, schedule, breaks etc.
* Perform well and be a good representative of SI and the visiting peer’s home country and organisation
* Contact SI immediately if any problems or questions regarding the visit should occur
* Submit an evaluation/report to SI at the end of the peer shadowing visit, according to the instructions provided

*Host organisation*

Date and signature: …………….…………...………………..…………

Name of representative at host organisation: …………………..……….

**Stamp of the host organisation (if available):**

*Visiting peer (SI SAYP alumnus/alumna)*

Date and signature: ……………….………...………………..…………

Name of visiting peer: ……………….…......................………………..