PEER SHADOWING AGREEMENT 2020

# SI SUMMER ACADEMY FOR YOUNG PROFESSIONALS (SAYP)

This agreement has been established between the visiting peer and the host organisation, which has supported the proposed visit and confirmed to accept the visiting peer for an unpaid full-time peer shadowing visit during the dates specified below. 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).

## 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

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| SECTION A – DETAILS OF THE 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 (NB: should not be a fellow SAYP alumna/us) |       |
| Position/title of supervisor |       |
| E-mail address of supervisor |       |
| SECTION B.1. – MOTIVATION (to be filled in by host organisation) |
| Describe the following:  |
| the reasons your organization invites the visiting peer |
|       |
| the expected short and long-term benefits of the proposed visit/cooperation |
|       |
| the work environment the peer will have access to at your organisation (e.g. equipment and facilities etc.) |
|       |
| 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 |
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| *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:       |