**On-Site Learning Agreement and Waiver**

|  |  |
| --- | --- |
| Today’s Date: |  |
| University of Colorado Department/School/College: |  |

This agreement ***must be filled out completely, signed and approved*** by the University of Colorado sponsoring department (“Department”) leadership in order for University of Colorado Denver | Anschutz Medical Campus to endorse the on-site learning experience. Clear definition of the employer's expectations and the student's learning objectives will maximize the experience for both parties.

### This Agreement is required in the following situations, choose which option applies:

### **Option 1:** an intern/trainee (“trainee”) is **not affiliated** with a sending institution (“School”), is not receiving credit/performing duties as a part of a curricular requirement, or is not a paid employee; ***OR***

### **Option 2:** an intern/trainee *is* affiliated with a School, but that School is refusing to provide a learning agreement and Workers’ Compensation coverage for its student(s) as required by Colorado law.

### The Department **must contact the appropriate Human Resources (HR) Professional for further guidance on the HR policies, procedures and required documentation including proper classification of a proposed intern/trainee.** This form is not intended for Minor Trainees or Observers. Information regarding minors can be found on the [University Risk Management website](https://www.cu.edu/risk/volunteer-trainee-and-minor-participants).

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee’s Name: |  | | |
| Address: |  | | |
| City/State/Zip: |  | | |
| Date: |  | | |
| Student ID: |  | | |
| Student Email: |  | | |
| University/School/College |  | | |
| Major(s) and Degree: |  | | |
| Year of Study: | Freshman  Sophomore  Junior  Senior  Graduate  Other (Describe): | | |
| Emergency Contact #1 Name: |  | Phone Number: |  |
| Emergency Contact #2 Name: |  | Phone Number: |  |

**Please complete all of the grey fields.**

The University of Colorado welcomes you as a trainee in the Enter department information (include address and room number) at the University of Colorado.

Your university activities span enter semester and dates they are to be on campus, start and end, no more than a year working between the hours of enter start and end time of each day. Your position title will be enter position title and you will be onsite no more than enter total hours per week.

Your faculty sponsor is: insert organization name, faculty sponsor name, title, phone #, physical address and email.

You will work under the direct supervision of insert organization name, site supervisor name, title, phone #, physical address and email.

As a CU trainee, you  **will**  **will not** have to undergo a background check and, if applicable, you agree to cooperate with the process and provide information, as requested.

The ***scope*** of the trainee activities include:

|  |
| --- |
| Describe the nature of the position and your duties. List specific projects or tasks as well as the required skills. Attach a job description if available. The site supervisor and student complete this section together. |

The ***training experience objectives*** of the trainee activities include:

|  |
| --- |
| What do you hope to learn from this experience that advances your understanding of coursework concepts? How does this training experience contribute to your ability to enter a career with experience? List 3-8 specific educational, professional, and personal goals that are observable, measurable, and able to be evaluated by your faculty sponsor and site supervisor. Begin bullet list with words such as “assist with,” “learn how to,” “expand knowledge of,” “understand the process of.” Include any special training programs, workshops.  ***Note: Your department may have standardized departmental learning objectives*** |

**The *Departments expectations of trainee*:**

|  |
| --- |
| In addition to the intern/trainee’s scope of activities and training objectives, list additional expectations required of thetrainee: |

**Please read through the following important information.**

I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado. I understand all associated risks of the designated activity. These risks include, but are not limited to:

|  |
| --- |
| Identify and list recognized hazards and their consequences related to the described scope of the training opportunity. |

You will be required to have the following trainings and follow the location specific safety requirements.

|  |
| --- |
| Identify and list appropriate training, e.g. FERPA, HIPAA, BBP, hazardous chemicals, personal protective equipment, IT security. |

As a trainee you are not an employee or contractor as determined by the Fair Labor Standards Act 29 CFR §553.103 (FLSA) and will not be compensated monetarily for your activities. The Colorado Workers’ Compensation Act may apply to participants in on-the-job training activities.

**RESPONSIBILITIES UNDER THIS AGREEMENT**

The trainee, Department, and faculty sponsor agree to assume the responsibilities outlined below for the duration of the trainee’s placement. ***NOTE:*** Department, Site Supervisor and applicable Dean of the School/College signatures are required prior to the start of the learning experience.

**This Learning Agreement and Waiver must be completed and provided to the Department prior to start date. These documents must be retained by the Department per the University of Colorado Record Retention Policy.**

**Trainee Responsibilities (Required):**

* + Fulfill those tasks and responsibilities assigned by your site supervisor and outlined in this On-Site Training Agreement.
  + Conduct yourself in an ethical and professional manner, acting in accordance with the applicable school/college Code of Conduct.
  + Notify the head of the Department and your training experience supervisor in a timely manner of any changes to this On-Site Training Agreement or if any problems develop during the training experience.
  + Complete the evaluation of your training experience.
  + Understand and accept all known risks relating to the training experience.
  + Acknowledge University of Colorado Trainee Confidential Disclosure Agreement on page 5
  + University of Colorado Photo Release Form on page 6

Your signature confirms that you agree to all the stated responsibilities and conditions. The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado.

Your signature also confirms that you have received the University of Colorado’s Workers’ Compensation required posters. (***For additional information on workers’ compensation, please review the University Risk Management website:*** [***www.cu.edu/risk***](http://www.cu.edu/risk)***)***.

I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado. I understand all associated risks of the designated activity.

I hereby certify that I have read and understand the provisions above.

|  |  |
| --- | --- |
| Trainee Signature | Date |

**Site Supervisor’s Responsibilities**

* + Verify the trainee meets departmental requirements for a trainee position.
  + Determine and discuss how the proposed training experience is relevant to the trainee’s educational or career objectives.
  + Assist the trainee in formulating concise and clear learning objectives for the training experience.

|  |  |
| --- | --- |
| Site Supervisor’s Signature (i.e., faculty member, professor, mentor) | Date |

## Sponsoring Department Responsibilities:

* + Verify the position and duties meet the university criteria per the [HR Volunteer and Trainee policy](http://www.ucdenver.edu/faculty_staff/employees/policies/Policies%20Library/HR/Volunteers.pdf).
  + Provide an orientation, any precautionary safety instructions, training, and ongoing supervision for the trainee’s assigned duties.
  + Provide regular feedback to the trainee regarding performance.
  + Comply with Federal Laws prohibiting discrimination on the basis of race, color, national origin, sex, disability, and/or military status.
  + Provide statutory workers’ compensation and employers liability coverage pursuant to C.R.S. § 8-40-101 et. seq. to the trainee for the duration of this agreement.
  + Notify the head of the Department if any problems arise during the trainee placement, or if trainee discontinues the training experience for any reason.
  + Complete a final written evaluation of the trainee's performance.

|  |  |
| --- | --- |
| Sponsoring Department’s Signature (i.e. Manager’s, Supervisor’s, Director’s) | Date |

### 

|  |  |
| --- | --- |
| Dean of School/College Signature or Designee (Dept. Chair or Division Head or DFA) | Date |

**University of Colorado Trainee Confidential Disclosure Agreement**

I understand that my access to the University of Colorado facilities may be limited in the sole discretion of the enter department personnel.

In the course of this trainee experience, I understand I may have access to certain data and information that is considered confidential, including, but not limited to, information about the enter department and University of Colorado activities, patients, personnel, students, and financial or business practices.

I agree that any and all data and information that I may receive or otherwise discover during the trainee activity is considered "confidential information". I agree that I will not disclose or discuss any confidential information with any third parties while I am a trainee or at any time after my experience is completed. I agree that I will keep such data and information confidential and will comply with all laws and regulations concerning the confidentiality of such records to the same extent as such laws and regulations apply to the University of Colorado, including but not limited to applicable provisions of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 (“HIPAA”) and the requirements of any regulations promulgated thereunder including without limitation the federal privacy standards as contained in 45 C.F.R. Parts 160 and 164 (the “Federal Privacy Standards”) and the federal security standards as contained in 45 C.F.R. Parts 160, 162 and 164 (the “Federal Security Standards”). I further agree that after my trainee activity is completed, I will return to enter department any and all documents and copies that I have in my possession that contain confidential information.

I hereby certify that I have read and understand the provisions above.

|  |  |
| --- | --- |
|  |  |
| Trainee Signature | Date |

**University of Colorado Photo Release Form**

I hereby grant the University of Colorado Denver unrestricted permission to use and re-use photographic portraits, editorials, video, digital or film images, or any pictures taken of myself, individually or in conjunction with other photographs, in any printed or videographic matter, in any and all media, and for any purpose allowed by law. This includes, but is not limited to, illustration, promotion, art, editorial, advertising and trade.

I hereby waive any right to inspect or approve the finished product or products that may be used in connection with the abovementioned images.

I hereby release the Regents of the University of Colorado, the University of Colorado, their legal representatives, and all people acting under their permission or authority, from any liability in connection with the use of the images as outlined above.

I understand that the photographs taken by the staff or their designers of the University of Colorado will be included in the department files. I agree the images, the transparencies of the images, and the copyright privileges of the images shall be the sole property of the University of Colorado.

I hereby affirm that I am of full age and, if appropriate, have every right to complete this contract in my own name. I state further that I have read and fully understand the above authorization, release and agreement.

I hereby certify that I have read and understand the provisions above.

|  |  |
| --- | --- |
|  | |
| Print Name | |
|  |  |
| Trainee Signature | Date |