



COLLEGE OF NATURAL AND HEALTH SCIENCES

Master of Science in Counselling Psychology

EMPLOYER INTERNSHIP CONSENT FORM

Employee Name: _____

Employee's Job Title: _____

Name of Organization: _____

Name of Employee's Direct Line Manager: _____

Type of Employment Contract: Temporary Permanent
Please indicate type of contract by circling.

If employee is on a temporary contract, please state end date of contract:

____/____/____
DD MMM YYYY

Confirmation of Consent

I understand, and agree to, the aforementioned employee's request to complete two internships with an external organization. I also consent to the admissions requirement of the Master of Science in Counselling Psychology program offered by Zayed University, should he/she be admitted to the program. I understand that this will result in up to an eight-week placement for each of the two internships across the last academic year of study and I hereby consent to the employee completing the two placements.

Full Name: _____

Signature: _____

Date: _____

This form must be:

* Completed by all employed applicants at the time of applying for the Master of Science in Counselling Psychology.

**Completed and signed by the direct line manager of the employee.

*** Stamped by the organization.

