

**CityU Shenzhen Research Institute (CityUSRI)
Intern Recruitment Form**

Note: Please read the "Framework for regular full-time MPhil/PhD students to undertake internship at CityUSRI" and/or "Framework for PhD students under the Mainland Collaboration Schemes to undertake internship at CityU Shenzhen Research Institute (CityUSRI)" and/or "Framework for recruiting PhD students Using Research Funds from Mainland Projects under the Institutional PhD Scholars Scheme", before completing this form.

Part I: Details of Recruitment (to be completed by the Principal Investigator)

Please indicate the nature of the internship by inserting a tick in the appropriate box

- For regular full-time MPhil/PhD students
- For PhD students under Institutional PhD Scholars Scheme using Mainland grants
- For PhD students under Mainland Collaboration Schemes with Partner Universities

A. Particulars of the Intern

1. Name in English : (Mr/Ms/Miss) _____ Name in Chinese _____
2. Academic Qualifications : Please provide a copy of Curriculum Vitae.
3. CityU Student No.: _____
4. Department: _____ Programme of Study: _____
5. Research Area : _____

B. Particulars of the Recruiting Research Centre

1. Name of Research Centre : _____
2. Name of Centre Director : _____

C. Appointment Details

The funding source of support should normally come from non-UGC/external funds/Mainland grants.

1. Appointment period : From _____ To: _____ [____ Year ____ month(s)]
2. Estimated Number of Working Hours: _____ hour(s) per week for _____ week(s), a total of _____ hours (*Applicable to regular full-time MPhil/PhD students paid by hourly.*)

D. Financial Arrangements

1. Internship Allowance (*applicable to CityU's regular full-time MPhil/PhD students*)
 - Stipend: _____ per hour (not exceed RMB 70 Yuan per hour).

Funding Period From dd/mm/yy to dd/mm/yy	Mainland Project/ Account Number	Type of Fund	Balance of Staffing Budget

2. Internship Allowance (*applicable to PhD students recruited under Institutional PhD Scholars Scheme using Mainland grants*)
 - Stipend: _____ per month.

Funding Period From dd/mm/yy to dd/mm/yy	Mainland Project/ Account Number	Type of Fund	Balance of Staffing Budget

3. Internship Allowance (*applicable to PhD students of SGS's mainland collaboration schemes*)

Name of Collaborating University in Mainland China: _____

- Stipend: _____ per month.
- Accommodation: _____ per month (should not exceed 50% of monthly stipend rate).
- Top-up Subsidy (if applicable): _____ per month (should not exceed 50% monthly stipend rate).

Funding Period From dd/mm/yy to dd/mm/yy	Project/ Account Number	Type of Fund	Balance of Staffing Budget

E. Nature of the Tasks to be Assigned to the Intern

F. Request raised by Principal Investigator (PI) / Centre Director / Budget Controller :

I confirm that sufficient funding is available for the proposed recruitment.

Declaration of Interest

To the best of my knowledge, the proposed appointee is not closely related to me.

The proposed appointee is related to me (e.g. former colleague, research collaborator, etc.) in the below capacity :
(please specify)

Name and Signature: _____ Date: _____
PI / Centre Director / Budget Controller

Part II: Endorsement by Line Manager (in case the Principal Investigator is Head of Department, School Dean/College Dean's approval as Line Manager is required)

I approve / do not approve* the internship as detailed in Part I.

Name and Signature: _____ Date: _____
Head of Dept./ Line Manager*

Part III: Approval of Chow Yei Ching School of Graduate Studies (to be completed by SGS)

[Note: According to the internal guidelines, the maximum number of hours of paid work performed by studentship recipients should not exceed 150 per year. If it exceeds 150 hours, justifications from the Supervisor and special approval from SGS would be required. Approval from SGS is required when the paid work is to be taken outside Hong Kong.]

The number of hours of paid work previously approved during the current studentship award period is _____.
If it exceeds 150 per year, justifications: _____

I approve / do not approve* the internship application of the above-named student.

Name and Signature: _____ Date: _____
Associate Dean of Graduate Studies

Please send the form to CityU Shenzhen Research Institute for processing.

To be completed by CityU Shenzhen Research Institute

Checked by (Name): _____ Date: _____

Approved by Deputy Director:

Name and signature: _____ Date: _____

please tick as appropriate.
* please delete as appropriate.

<p>Enquiries: CityU Shenzhen Research Institute Mainland research project related : xlyang2223@cityu.edu.cn Personnel/recruitment related: yntang2223@cityu.edu.cn Chow Yei Ching School of Graduate Studies Research study related: sg@cityu.edu.hk</p>
