



TRAINING / INTERN PLACEMENT PLAN TEMPLATE

TEMPLATE INFORMATION

Template Name	
Alternative Responsible Officer	GeoVisions Representative

SECTION 2: HOST ORGANIZATION INFORMATION – **HOST EMPLOYER TO FILL IN**

Phase Supervisor Name	
Phase Site Address	
Suite	
State	
City	
Zip Code	
Website URL	
Employer ID Number (EIN)	
Exchange Visitor Hours Per Week – must be 32 hours/week minimum	
Stipend?	
Stipend Amount	
Stipend Frequency – hourly, weekly, biweekly etc.	
Non monetary compensation	
Non monetary compensation value	
Workers compensation policy?	
Workers comp carrier	
Does your Workers' Compensation policy cover exchange Visitors?	
Number of FT Employees Onsite at Location	
Annual Revenue – 0-3Mil, 3-10Mil, 10-25 Mil, 25+ Million	

Useful tips to fill out the Training Plan:

- Do not duplicate phase information from one to the next (supervisor or cultural activities is okay)
- This is a training program not a work program so the word 'work' and 'job' are not permitted to be in the plan below
- If there are any training courses included in part of the training these must be provided by you and not a third party
- 'Intern' and 'Trainee' are not interchangeable, please be specific if you want Interns or Trainees, you can also use the word 'participant' to include both
 - o Interns are currently enrolled or recent grads – 12-month maximum duration
 - o Trainees have graduated and have one year of related work experience or 5 years related work experience and no degree – 18 month maximum
- The Supervisor should be the person providing the supervision and monitoring the training specific to that phase and they will be the person who must sign this training plan (ex. A direct supervisor, a principal in a school, a department head etc.)

PHASE 1 – WE RECOMMEND STARTING WITH AN ORIENTATION/ONBOARDING PHASE

Site Name	
Field	
Phase Site Address	
Suite	
State	
City	
Phase Name	Orientation onboarding
Phase Length (Days) (total plan must add up to full length of training ex. 12 months or 18 months)	30 days
Phase Supervisor Name	
DESCRIPTION OF TRAINEE/INTERN'S ROLE FOR THIS PROGRAM OR PHASE	
SPECIFIC GOALS AND OBJECTIVES FOR THIS PROGRAM OR PHASE	
HOW SPECIFICALLY WILL THESE KNOWLEDGE, SKILLS, OR TECHNIQUES BE TAUGHT? INCLUDE SPECIFIC TASKS AND ACTIVITIES (INTERNS) AND/ OR METHODOLOGY OF TRAINING AND CHRONOLOGY/SYLLABUS (TRAINEES).	

PLEASE LIST THE NAMES AND TITLES OF THOSE WHO WILL PROVIDE CONTINUOUS (FOR EXAMPLE, DAILY) SUPERVISION OF THE TRAINEE/INTERN, INCLUDING THE PRIMARY SUPERVISOR. WHAT ARE THESE PERSONS' QUALIFICATIONS TO TEACH THE PLANNED LEARNING? NAME, TITLE, EMAIL, PHONE AND A SHORT BIO DEPICTING HOW THEY ARE QUALIFIED TO PROVIDE TRAINING

WHAT PLANS ARE IN PLACE FOR THE TRAINEE/INTERN TO PARTICIPATE IN CULTURAL ACTIVITIES WHILE IN THE UNITED STATES? PLEASE ENTER ONE PER MONTH OF TRAINING

January:
February:
March:
April:
May:
June:
July:
August:
September:
October:
November:
December:

WHAT SPECIFIC KNOWLEDGE, SKILLS, OR TECHNIQUES WILL BE LEARNED?

HOW WILL THE TRAINEE/INTERN'S ACQUISITION OF NEW SKILLS AND COMPETENCIES BE MEASURED?

ADDITIONAL PHASE REMARKS (OPTIONAL)



PHASE 2

Site Name	
Field	
Phase Site Address	
Suite	
State	
City	
Phase Name	
Phase Length (Days)	
Phase Supervisor	
DESCRIPTION OF TRAINEE/INTERN'S ROLE FOR THIS PROGRAM OR PHASE	
SPECIFIC GOALS AND OBJECTIVES FOR THIS PROGRAM OR PHASE	
HOW SPECIFICALLY WILL THESE KNOWLEDGE, SKILLS, OR TECHNIQUES BE TAUGHT? INCLUDE SPECIFIC TASKS AND ACTIVITIES (INTERNS) AND/ OR METHODOLOGY OF TRAINING AND CHRONOLOGY/SYLLABUS (TRAINEES).	
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ADDITIONAL PHASE REMARKS (OPTIONAL)

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PHASE 3 (IF APPLICABLE)

Site Name	
Field	
Phase Site Address	
Suite	
State	
City	
Phase Name	
Phase Length (Days)	
Phase Supervisor	
DESCRIPTION OF TRAINEE/INTERN'S ROLE FOR THIS PROGRAM OR PHASE	
SPECIFIC GOALS AND OBJECTIVES FOR THIS PROGRAM OR PHASE	
HOW SPECIFICALLY WILL THESE KNOWLEDGE, SKILLS, OR TECHNIQUES BE TAUGHT? INCLUDE SPECIFIC TASKS AND ACTIVITIES (INTERNS) AND/ OR METHODOLOGY OF TRAINING AND CHRONOLOGY/SYLLABUS (TRAINEES).	
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ADDITIONAL PHASE REMARKS (OPTIONAL)

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PHASE 4 (IF APPLICABLE)

Site Name	
Field	
Phase Site Address	
Suite	
State	
City	
Phase Name	
Phase Length (Days)	
Phase Supervisor	
DESCRIPTION OF TRAINEE/INTERN'S ROLE FOR THIS PROGRAM OR PHASE	
SPECIFIC GOALS AND OBJECTIVES FOR THIS PROGRAM OR PHASE	
HOW SPECIFICALLY WILL THESE KNOWLEDGE, SKILLS, OR TECHNIQUES BE TAUGHT? INCLUDE SPECIFIC TASKS AND ACTIVITIES (INTERNS) AND/ OR METHODOLOGY OF TRAINING AND CHRONOLOGY/SYLLABUS (TRAINEES).	
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