VAISHALYA
HOLISTIC HEALING

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An Initiative of Asha Bhupender Charitable Trust

VAISHALYA HEALING BY LEENA MEHTA

PSYCHOLOGY INTERNSHIP APPLICATION, CONSENT AND ETHICAL UNDERTAKING FORM

Confidential Document | For Internal Use Only | Mon to Sat 10:00 AM - 5:00 PM

FORM REF NO.	INTERNSHIP DURATION	DATE OF SUBMISSION

IMPORTANT NOTICE

This form constitutes a legally binding document between the applicant (referred to as "the Intern") and Vaishalya Healing. Please read every section carefully before signing. Submission of this form implies full and unconditional acceptance of all terms, conditions, and obligations stated herein. This form must be completed in full. Incomplete submissions will not be processed.

1 INTERNSHIP APPLICATION AND INTAKE DETAILS

1.1 PERSONAL INFORMATION

FULL NAME (AS PER OFFICIAL RECORDS)

DATE OF BIRTH (DD / MM / YYYY)

GENDER

PERMANENT ADDRESS

CURRENT RESIDENTIAL ADDRESS (IF DIFFERENT)

CITY

STATE / UNION TERRITORY

PIN CODE

MOBILE NUMBER (PRIMARY)

ALTERNATE CONTACT NUMBER

PERSONAL EMAIL ADDRESS

1.2 EDUCATIONAL QUALIFICATIONS

DEGREE OBTAINED / CURRENTLY PURSUING

SPECIALIZATION / MAJOR

NAME OF UNIVERSITY / INSTITUTION / COLLEGE

CURRENT YEAR / SEMESTER

ROLL NUMBER / ENROLLMENT NUMBER

SUPERVISING FACULTY NAME AND DESIGNATION (IF APPLICABLE)

ACADEMIC RECORD

DEGREE / CERTIFICATE	INSTITUTION	YEAR OF PASSING	PERCENTAGE / CGPA	DIVISION

1.3 PREVIOUS INTERNSHIP OR CLINICAL EXPOSURE

ORGANIZATION / CLINIC / INSTITUTION (WRITE "NIL" IF NONE)

DURATION (FROM - TO)

NATURE OF WORK

SUPERVISOR NAME AND DESIGNATION

1.4 EMERGENCY CONTACT DETAILS

NAME OF EMERGENCY CONTACT PERSON

RELATIONSHIP WITH INTERN

CONTACT NUMBER

ADDRESS OF EMERGENCY CONTACT

1.5 STATEMENT OF PURPOSE

PLEASE DESCRIBE YOUR PURPOSE FOR APPLYING, AREAS OF INTEREST, AND WHAT YOU HOPE TO LEARN (100 TO 200 WORDS)

2 INTERNSHIP UNDERSTANDING AND CONSENT DECLARATION

By submitting this form and affixing my signature, I confirm and declare my understanding and voluntary acceptance of the following:

- ☐ **Training Program, Not Employment.** I fully understand that this internship is a structured training and learning program and does not constitute employment or a contractual engagement with Vaishalya Healing. I shall not be entitled to wages, salary, stipend, or any other compensation unless specifically agreed upon in writing.

- ☐ **No Independent Clinical Practice.** I understand I am not authorized to independently assess, diagnose, treat, counsel, or advise any client at any time. Any interaction with clients shall occur solely under the direct or indirect supervision of a licensed clinical supervisor assigned by Vaishalya Healing.

- ☐ **Supervision and Compliance.** I agree to carry out all activities and client-related interactions strictly under the guidance and oversight of my designated supervisor. I shall not undertake any clinical or administrative task without prior authorization and shall report all observations, concerns, or incidents promptly.

- ☐ **Professional and Ethical Standards.** I agree to adhere to the professional and ethical standards applicable to psychology and mental health services in India. I shall conduct myself with integrity, competence, and respect at all times.

- ☐ **Voluntary Participation.** I confirm that my participation in this internship is entirely voluntary and that I have not been coerced or misled into applying. I understand I may withdraw from the internship at any time, subject to the notice requirements specified by the Organization.

3 ETHICAL COMPLIANCE CLAUSE

I, the Intern, solemnly affirm and undertake to comply with all ethical obligations applicable to the field of psychology and mental health during the entire course of this internship:

01

I shall at all times treat every client, colleague, supervisor, and staff member with dignity, respect, and sensitivity, regardless of their gender, age, religion, caste, ethnicity, socioeconomic status, disability, or any other identity. Respect for human dignity is a non-negotiable principle of psychological practice.

02

I shall maintain clearly defined professional boundaries in all interactions with clients and shall not engage in dual relationships, personal friendships, or any form of inappropriate or boundary-crossing conduct with individuals under the care of the Organization.

03

I shall not misrepresent my qualifications, competence, or professional status to any client, family member, or external party. I shall always be transparent about my trainee status and shall refer to myself only as an intern or trainee under supervision.

04

I shall at all times prioritize the well-being, safety, and best interests of the client above all other considerations. In situations where a client's safety or welfare may be at risk, I shall immediately inform my supervisor and follow the Organization's established protocols.

05

I shall refrain from imposing my personal values, cultural beliefs, or judgements upon any client. I shall maintain an attitude of empathy, open-mindedness, and cultural humility throughout my internship.

06

I acknowledge the principle of non-maleficence and shall at all times avoid any action, statement, or behaviour that may cause harm, distress, or disadvantage to any client, colleague, or the Organization.

07

I agree to participate in all required supervision sessions, case discussions, and training activities in a sincere and professional manner, and to actively engage in my own learning and self-reflection as a developing mental health professional.

4 CONFIDENTIALITY AGREEMENT

This section constitutes a formal and legally binding confidentiality undertaking. Any breach of the terms stated herein may result in immediate termination of the internship and may attract civil and/or criminal consequences under applicable Indian laws.

NON-DISCLOSURE OF CLIENT INFORMATION

I undertake that I shall not, under any circumstances, disclose, discuss, share, reproduce, or communicate, whether verbally, in writing, or digitally, any identifying information, personal details, case history, assessment findings, diagnosis, treatment information, or any other data pertaining to any client or patient of Vaishalya Healing to any third party. This obligation applies equally within and outside the Organization's premises.

PROHIBITION ON RECORDING AND DOCUMENTATION

I shall not take any photograph, video recording, audio recording, screenshot, or digital capture of any client, client file, session, clinical material, or any premises of the Organization without explicit prior written permission. Any personal notes made during the internship shall be kept strictly confidential and shall not bear any identifying information about clients.

ANONYMIZATION OF CASE MATERIAL

In the event that I am required, as part of my academic curriculum, to submit case studies, internship reports, or any documentation referencing client material, I undertake to anonymize all such information completely, ensuring that no detail that could directly or indirectly identify the individual is included. I shall obtain prior approval from my supervisor before submitting any such material.

PERPETUAL CONFIDENTIALITY OBLIGATION

I understand and accept that my obligation to maintain confidentiality is not limited to the duration of my internship. This duty continues indefinitely after the conclusion of my internship, and I shall not at any point in the future disclose, use, or misuse any information that I accessed or became aware of during this internship.

SOCIAL MEDIA AND DIGITAL CONDUCT

I shall not post, upload, share, or publish any content related to the Organization, its clients, staff, cases, or internal operations on any social media platform, messaging application, online forum, or digital channel. This prohibition extends to indirect references, anonymous descriptions, or any content that could enable identification of the Organization's clients or confidential processes.

BREACH AND CONSEQUENCES

I acknowledge that any violation of this Confidentiality Agreement shall constitute a serious breach of professional ethics. Such a breach may result in immediate termination of the internship, adverse reporting to my academic institution, and the initiation of appropriate legal proceedings against me under the Indian Contract Act, 1872, the Information Technology Act, 2000, or any other applicable law, at the sole discretion of the Organization.

5 ROLES AND LIMITATIONS OF THE INTERN

The following defines the scope of the Intern's role during the internship. The Intern is required to strictly adhere to these boundaries and shall not, under any circumstance, exceed the authority or functions defined herein:

01

The Intern shall function exclusively as an observer and trainee. The Intern shall not possess, exercise, or claim any independent clinical authority and shall not make independent decisions regarding any client's care, treatment, referral, or discharge.

02

The Intern shall not independently conduct psychological assessments, administer psychometric tools, interpret assessment results, formulate clinical diagnoses, or make treatment recommendations without direct supervision and prior written authorization from the assigned supervisor.

03

The Intern shall follow all instructions, directions, and guidance issued by the designated supervisor and shall not deviate from the prescribed course of action without explicit approval. Any disagreement with a supervisor's instruction shall be communicated through appropriate and respectful professional channels.

04

The Intern shall not represent, introduce, or describe themselves to any client, family member, or external party as a psychologist, therapist, counsellor, or mental health professional. The Intern shall introduce themselves accurately as a psychology intern or trainee at all times.

05

The Intern shall not enter into any form of therapeutic relationship, agreement, or commitment with a client independently and shall not provide any advice, opinion, or guidance to a client outside the scope of supervised sessions.

06

The Intern shall not access any client file, record, psychological report, or assessment data without explicit instruction or permission from the supervisor or designated administrative authority of the Organization.

07

The Intern shall not issue, sign, or authenticate any document, certificate, report, letter, or official communication on behalf of the Organization or in any official professional capacity.

6 LIABILITY AND RESPONSIBILITY CLAUSE

NO EMPLOYMENT RELATIONSHIP

Nothing contained in this form or arising from this internship shall be construed to create an employer-employee relationship between the Intern and the Organization. The Intern is a trainee participating in a structured learning program and shall not be entitled to any rights or benefits available under the Industrial Disputes Act, 1947, or any other employment-related legislation applicable in India.

LIMITATION OF ORGANIZATIONAL LIABILITY

The Organization shall not be held responsible, directly or indirectly, for any harm, damage, or consequences arising from the Intern's independent actions, omissions, or misapplication of knowledge or skills acquired during the internship in any context outside the supervised internship setting. The Intern shall bear full personal responsibility for any such action.

VOLUNTARY TRAINING PARTICIPATION

The Intern acknowledges that participation in this internship is undertaken voluntarily for the purposes of professional training, skill development, and academic fulfilment. The Intern assumes personal responsibility for their own conduct, professional behaviour, and academic obligations during the internship.

NO MEDICO-LEGAL RESPONSIBILITY ON INTERN

As the Intern functions exclusively under supervision and does not exercise independent clinical authority, no medico-legal or professional liability shall rest upon the Intern for clinical decisions made under the direct supervision and instruction of the assigned supervisor. However, this provision shall not apply in cases where the Intern has acted contrary to or outside the scope of supervisory instructions.

INDEMNIFICATION

The Intern agrees to indemnify and hold harmless the Organization, its staff, supervisors, and associates from any claim, suit, demand, loss, or expense arising from any breach of this agreement or from any unauthorized or negligent act by the Intern during or after the internship.

7 CODE OF CONDUCT

The Intern is expected to maintain the highest standards of professional conduct at all times during the internship. The following guidelines are binding and non-negotiable:

RESPECTFUL INTERACTION

The Intern shall at all times treat all clients, colleagues, supervisors, administrative staff, and visitors with utmost courtesy, dignity, and respect. Any form of discriminatory language, disrespectful behaviour, or demeaning conduct toward any individual shall constitute a serious violation of this Code.

PUNCTUALITY AND ATTENDANCE

The Intern is required to be punctual and regular in attendance as per the internship schedule. Any absence or late arrival must be communicated to the supervisor in advance, with valid reason. Repeated unexplained absences or habitual tardiness may result in termination of the internship and non-issuance of the internship certificate.

PROFESSIONAL COMMUNICATION

The Intern shall communicate professionally, clearly, and respectfully in all verbal and written interactions within the Organization. The use of informal, colloquial, or inappropriate language in clinical or professional settings is not permitted.

MOBILE PHONE USAGE

The Intern shall keep their mobile phone on silent mode during all clinical sessions, supervision meetings, and formal activities. Use of mobile phones for personal purposes during working hours shall be limited to designated break periods. Under no circumstance shall the Intern use their mobile phone to capture images, recordings, or content of any kind within the Organization premises.

SOCIAL MEDIA RESPONSIBILITY

The Intern shall exercise strict caution and professionalism in all social media conduct. Posting any content that references the Organization, its clients, staff, clinical practices, or any information obtained during the internship is strictly prohibited. Any breach of this provision shall be treated as a violation of the Confidentiality Agreement.

CONFLICT OF INTEREST

The Intern shall immediately disclose to the supervisor any personal, financial, academic, or relational conflict of interest that may affect their conduct or objectivity during the internship. The Intern shall recuse themselves from any case or activity where such a conflict exists.

PROPERTY AND RESOURCES

The Intern shall use the facilities, resources, and any other property belonging to the Organization solely for the purposes of the internship. Misuse, unauthorized use, or damage to organizational property may result in disciplinary action.

SUBSTANCES AND CONDUCT

The Intern shall not report to the internship site under the influence of alcohol, controlled substances, or any psychoactive compound. Any such conduct shall result in immediate suspension and termination.

8 TERMINATION CLAUSE

The Organization reserves the right to terminate this internship at any time, with immediate effect and without prior notice, in the event of any one or more of the following:

Any act of misconduct, unprofessional behaviour, harassment, bullying, or intimidation directed toward clients, staff, or any other individual within the Organization's premises or under its care.

Any breach, whether partial or complete, of the Confidentiality Agreement set out in Section 4 of this form, including unauthorized disclosure, sharing, or recording of client-related information.

Violation of the ethical principles and obligations outlined in Section 3, including but not limited to boundary violations, misrepresentation of qualifications, or exploitation of client relationships.

Non-compliance with supervisory instructions or persistent disregard for the roles and limitations defined in Section 5.

Violation of the Code of Conduct specified in Section 7, including habitual absenteeism, disrespectful conduct, substance use, or misuse of organizational property.

Provision of false or misleading information in any part of this application form or in any communication with the Organization.

Any act that brings disrepute to the Organization or that poses a risk to the safety, well-being, or dignity of any client or staff member.

Upon termination under any of the above circumstances, the Organization shall not be obligated to provide an internship certificate, recommendation letter, or any other supporting documentation. The Intern shall not be entitled to any claim, compensation, or grievance redressal in such event.

9 DECLARATION AND UNDERTAKING BY THE INTERN

I, the undersigned, hereby solemnly declare and undertake the following in relation to my internship at Vaishalya Healing:

1. I have read and fully understood all the terms, conditions, clauses, and obligations contained in this Psychology Internship Application, Consent and Ethical Undertaking Form, and I agree to be bound by them in their entirety.
2. I acknowledge that no section of this form has been misrepresented to me, and I have had adequate opportunity to seek clarification on any clause prior to signing.
3. I confirm that all information provided by me in this form is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation of facts shall result in immediate termination of my internship and may attract further action.
4. I accept full responsibility for my conduct, professional behaviour, and ethical compliance during and after the internship period, and I understand that any violation of this agreement may attract disciplinary, academic, and/or legal consequences.
5. I agree to abide by all policies, procedures, guidelines, and instructions of the Organization that may be communicated to me from time to time during the internship, and I understand that this form is to be read in conjunction with any such policies.
6. I voluntarily and of my own free will submit this form and enter into this internship, and I confirm that no undue influence, pressure, or coercion of any nature has been applied to me in this regard.

10 SIGNATURES AND AUTHORIZATION

All parties must sign below to acknowledge and confirm their agreement to the terms and conditions contained in this form. Signatures must be in blue or black ink.

INTERN / APPLICANT

FULL NAME

SIGNATURE

DATE

GUARDIAN / PARENT (if applicable)

FULL NAME

SIGNATURE

DATE

SUPERVISING PSYCHOLOGIST

NAME AND DESIGNATION

SIGNATURE

DATE

ORGANIZATION SEAL / STAMP

OFFICIAL SEAL

VAISHALYA HEALING

AN INITIATIVE OF ASHA BHUPENDER CHARITABLE TRUST

FOR OFFICE USE ONLY | App. No. | Received By | Status