



VOLTA RIVER AUTHORITY

Our Ref:

Your Ref:

Date: December 4, 2024

Mr. Seth Quainoo
University of Education
Winneba.

Dear Mr. Quainoo,

APPROVAL TO UNDERTAKE AN INTERNSHIP WITH VRA

We are pleased to inform you that, your request to undertake internship with the Volta River Authority has been accepted. Accordingly, your internship period is effective **January 14, 2025 to April 30, 2025**.

You will be attached to the Human Resource Department, Area Office, Accra. You will report to the Manager, who will provide you with an orientation about the Department and the Authority's operations in general.

You will **strictly abide** by the prescribed rules governing the work environment within the Authority.

You are also required to dress decently to work at all times.

The Authority may allow you access to ride on the staff bus to and from work. You will however **not be paid** any allowance nor provided with accommodation or meals.

This offer of internship is made subject to you signing the attached Indemnity Form, which strictly covers the period of your training with the Authority.

If this offer is acceptable to you on the foregoing conditions, kindly sign in the space provided bellow and in the duplicate copy of this letter and return it, together with the signed Indemnity Form, to the Director, Human Resources by January 21, 2025.

We hope you will make good use of the opportunity offered to you and apply yourself diligently to your studies.

Yours sincerely,

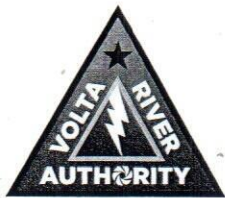
Dominic K. A. Ofosuhenne
DIRECTOR, HUMAN RESOURCES

I hereby accept the offer of internship with the VRA on the terms and conditions stated above.

..... Signature

..... Date

cc: Director, Human Resources
Manager, Areas HR, Accra



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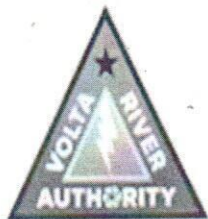
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DIRECTOR, HUMAN RESOURCES

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..... Signature

..... Date

cc: Director, Human Resources
Manager, Areas HR, Accra



**VOLTA
RIVER
AUTHORITY**

INDEMNITY FORM
TO BE COMPLETED BY TRAINEE

I, **(NAME OF TRAINEE)** of
..... **(NAME OF INSTITUTION)**

declare that I have accepted to undertake vacation training/sandwich
training with the Volta River Authority (hereinafter referred to as VRA)

from.....to.....

During this period, VRA will not be responsible for the payment of salary or
any other allowance or fringe benefits unless otherwise specified.

I further declare that VRA shall not be held liable whatsoever or under the
Workmen's Compensation Law (1987) PNDC 187 for any loss, damage or
injury that I may suffer if the loss, damage or injury was caused by an act or
omission arising from my negligence or an "Act of God".

SIGNED by said TRAINEE)

In the presence of)

.....)
Signature of Trainee

.....)
Name of Witness

Date.....)

.....)
Signature of Witness

SIGNED on behalf of VRA)
In the presence of)

.....)
Name of VRA Representative

.....)
Name of Witness
(i.e. an employee)

.....)
Signature of VRA Representative

cc: Director, Human Resources
Manager, HR, Area Office, Accra
Trainee

***TO BE FILLED IN TRIPLICATE**