

INTERNSHIP PROGRAMME APPLICATION FORM

*(Please note that all fields marked with * must be filled-in for your application to be considered.)*

1. Applicant Information

Family name (surname)*:	Present Address*:
First name (given name)*:	Nationality*:
Middle/Other name:	Present Telephone*:
Gender:	Marital Status: (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____
Date of Birth (dd/mm/yyyy):	Place of birth:
Permanent Telephone:	Fax:
E-mail Address*:	
Please attach a recent passport-sized photograph *:	

2. Travel Document Information

Passport Type*:	Passport No.*:
Passport Issuing Authority:	Place of Issue:
Date of Issue (dd/mm/yyyy)*:	Date of Expiry (dd/mm/yyyy)*:

3. In Case of Emergency, please notify:

Family name (surname):	Address:
First name (given name):	Daytime Telephone:
Relationship to Applicant:	Evening Telephone:
Fax:	E-mail:

I hereby confirm that I hold health and accident insurance policies with the following insurance company.

(NOTE: Even if you do not have such policies now, you must have both should you be offered an internship.)

Health Insurance (company name and policy number):	
Life/Accidental Death Insurance (company name and policy number)	

4. Education Attainment (Undergraduate and Postgraduate Degrees):

Current Education*				
Institution Name, City, Country	Attended		Degrees Obtained	Major Subjects of Study
	From (mm/yy)	To (mm/yy)		
Completed Education				

5. Languages

Mother Tongue*: 				
<input type="checkbox"/> Chinese <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak	<input type="checkbox"/> English <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak	<input type="checkbox"/> French <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak	<input type="checkbox"/> Spanish <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak	<input type="checkbox"/> Other <hr/> <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak

6. Skills information

<input type="checkbox"/> Data Analytics	<input type="checkbox"/> Internet Research	<input type="checkbox"/> Database: Creation	<input type="checkbox"/> Webpage Design	<input type="checkbox"/> Other:
<input type="checkbox"/> Powerpoint	<input type="checkbox"/> Statistical Analysis	<input type="checkbox"/> Database Input	<input type="checkbox"/> Spreadsheet	

7. Availability

How many weeks you expect to be available for the internship programme during the summer holiday period 2023 (i.e. around May – September 2023):	_____ weeks
Please tick on the available month/period(s) below -	
<input type="checkbox"/> May 2023	
<input type="checkbox"/> June 2023	
<input type="checkbox"/> July 2023	
<input type="checkbox"/> August 2023	
<input type="checkbox"/> September 2023	
<input type="checkbox"/> Other period (please indicate): _____	

I hereby certify that the above information provided above are true, complete and correct to the best of my knowledge and belief and can be verified at any time.

Signature of Applicant

Date: (dd/mm/yyyy)