Serial N°:	submit 1 original copy together with copies of certificates and other relevant supporting documents	Passport Picture

WATT PROFESSIONAL STUDIES

PROFESSIONAL INTERNSHIP / ATTACHEMENT FORM

1. Personal Details

Surname:

Other Name(s):

(Please use name as indicated in your official documents)

Sex: Male ☐ Female ☐

Date and place of Birth: Date: Place of Birth:

Personal address:

Phone N°: Email:

Nationality: Passport N°:

Place and date of issue: Expiry Date:

Person to notify in case of emergency:

Phone N°:

2. Internship details

Indicate occupation: Student ☐ Other ☐ Specify Other :.....

If you are a student, indicate (tick) appropriately the programme you are currently pursuing

☐ Business Mgt	☐ Banking & Finance	☐ Sales & Marketing	☐ Secretariat
☐ Accounting	☐ Journalism	☐ Teaching	☐ Supply Chain Mgt
☐ Other (Specify)			

Type of Attachment: Choose from options below the type of attachment you are applying for.

☐ Cashier Internship	☐ English Teacher	☐ Receptionist Attachment	☐ Others
Specify Other			

Duration for Attachment: Indicate the period of attachment, including start dates and end dates.

Duration (eg. 2 weeks, 4 weeks etc.)	Start Date	End Date

3. Institution: Indicate institution (university, college, etc.) where candidate is currently training.

Name of Institution:

Address:

Phone n°: E-mail:

Type of Institution:

☐ University	☐ Polytechnic	☐ Professional School	☐ Others

4. Language Proficiency

Please tick appropriately to indicate your proficiency levels in the language(s) as indicated below. Apart from English the rest of the languages must be indicated by you.

Language (additional languages apart from English must be stated)	**(Speak)**	**Read**	**Write**
English			
Other 2:			
Other 3:			
Other 4:			

5. Referee (Referee must be an accredited official of educational institution or organization sending the candidate)

1. Name:.....

Address:.....

Occupation:.....

Period within which he has known you. .....

6. Declaration

I certify that the information given on this form is correct.

Date: .....

Signature: .....

For Office Use Only:

Placement decision: Accepted ☐ Not Accepted ☐ Not Decided ☐

Language training: Needed ☐ Not Needed ☐

Assessed by (Internship Coordinator):_____

Date of Assessment_____

Signature:_____

Endorsed by (Head HR):_____

Date: _____

Signature:_____