

## SELF-SOURCED INTERNSHIP FORM

### INSTRUCTIONS

1. Student needs to submit this completed Self-Sourced Internship Form to the School Senior Liaison Officer (SLO) for verification.
2. Company may attach a detailed training plan and learning outcome(s) as Word document with form.
3. The SLO needs to verify the following before approving the application:
  - The validity of the company by verifying the Unique Entity Number (UEN) via <http://www.uen.gov.sg>. UEN is the standard identification number of an entity.
  - The student is not related to the management of the company
  - The training plan is relevant and supports the learning outcome(s)
4. Once the application is endorsed by the SLO, the SLO needs to submit the form to the Department of Industry & Partnerships for processing.

**You will need around 15 minutes to complete this form.**

**All information collected in this form will be kept strictly confidential and used for the sole purpose of evaluating internship activities by Singapore Polytechnic.**

### 1. STUDENT INFORMATION

Name of Student	
Admission Number	
Course / Year / Class	
Mobile No.	
Duration of Internship	From: _____ To: _____

**(Please submit the completed form at least 2 months before the Internship Program commencement).**

1. I declare that I am not related to the management of the company.
2. I understand that Singapore Polytechnic has the right to terminate this internship attachment at any time should Singapore Polytechnic find the attachment unsuitable or inappropriate. In such a case, I might have to repeat my Internship Program.

Signature of Student

Date

**SECTIONS 2 TO 5 - TO BE FILLED IN BY COMPANY**

**2. ORGANISATION INFORMATION**

Unique Entity No.		
Name of Company		
Address		
Contact No.	(Office)	(Fax)
Company Website		
Nature of Main Business (please tick one)		
<input type="checkbox"/> Accountancy & Financial Services	<input type="checkbox"/> Hotel Operations and Management	<input type="checkbox"/> Process (Pharmaceuticals & Biologics)
<input type="checkbox"/> Aerospace Engineering	<input type="checkbox"/> Human Resource	<input type="checkbox"/> Restaurant Operations
<input type="checkbox"/> Biomedical Sciences	<input type="checkbox"/> Information and Communications Technology	<input type="checkbox"/> Retail
<input type="checkbox"/> Building and Construction	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Security
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Landscape & Floristry	<input type="checkbox"/> Social Services
<input type="checkbox"/> Clinical Research	<input type="checkbox"/> Land Transport	<input type="checkbox"/> Textile & Fashion
<input type="checkbox"/> Creative Industry	<input type="checkbox"/> Logistics & Supply Chain Management	<input type="checkbox"/> Tourism (excluding Hotels)
<input type="checkbox"/> Early Childhood Care and Education	<input type="checkbox"/> Maritime	<input type="checkbox"/> Training & Adult Education
<input type="checkbox"/> Electronics	<input type="checkbox"/> Media (Animation, Games Development, Film)	<input type="checkbox"/> Transport (Air)
<input type="checkbox"/> Energy and Chemicals (Process-Chemicals & Power Utilities)	<input type="checkbox"/> Offshore and Marine Engineering	<input type="checkbox"/> Visual Communication
<input type="checkbox"/> Environment Management	<input type="checkbox"/> Power Engineering	<input type="checkbox"/> Waste Management
<input type="checkbox"/> Food Services (Manufacturing & Technology)	<input type="checkbox"/> Precision Engineering	<input type="checkbox"/> Workplace Safety, Health & Occupational Health
<input type="checkbox"/> Healthcare	Others (please specify):	

**3. CONTACT PERSON INFORMATION**

Salutation		
Name		
Designation		
Contact No.	(Office)	(Mobile)
Email Address		

<b>4. INTERNSHIP INFORMATION</b>		
(if different from Section 1) <b>Student Reporting Address</b>		
(if different from Section 2) <b>Name of Company Supervisor</b>		
<b>Contact No.</b>	(Office)	
	(Mobile)	
<b>Email Address</b>		
<b>Monthly Allowance</b>	S\$	
<b>Any other allowances (Overtime, Commission, Transport, Shift, Meals allowance, etc.)</b>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p style="font-size: small; margin-top: 5px;">(PLEASE PROVIDE DETAILS FOR OTHER ALLOWANCES)</p>	
<b>Job Scope</b>  (Company may submit a detailed training plan together with this form, if applicable.)		
<b>Working Hours</b>		
Monday to Friday	Start:	End:
Saturday (if applicable)	Start:	End:
Sunday & Public Holiday (if applicable)	Start:	End:
<b>Shift Requirement (if applicable)</b>		

**5. SIGNATURE OF CONTACT PERSON**

Company Contact Person/  
Designation

Signature

Company Stamp / Date

**6. ENDORSEMENT OF INTERNSHIP  
(TO BE FILLED IN BY SCHOOL SENIOR LIAISON OFFICER SLO)**

Name of SLO

Signature

Date