

Internship Program - Employer Intern Request Form

Company Name :

Registration Number :

Person In Charge : (Name) (Title) :

Contact Number (PIC) :

Email Address (PIC) :

Location / Address (Full) :

Website / FB / IG :

Company Description :

Industry Type :

Is this a home based Business? Yes No No. of employees onsite:

Any Media or PR Department in the organization? Yes No No. of staff involved:

Internship Supervisor : (Name) (Title) :

Contact Number :

Email Address :

Intern /Job Title :

Internship Description (Duties & Responsibilities):

Desired Skills:

Rate of Pay: No. of Positions Available:

Desired Hours Per Week:

Semester of Internship : Jan to Mar May to Jul Sep to Nov

<p>Signature of Intern Assessor :</p> <hr/> <p>Name :</p> <p>Date :</p>	<p>Stamp of <i>Company / internship Organization</i> :</p>
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We hereby certify that:-

All the details given only used for the purpose of internship placement reference. We will keep the recorded documents secure. We take your privacy seriously.

<p><u>Please Submit Completed Form Online:</u></p> <p>Email: ro@hanxin.edu.my</p> <p>Fax: 03-9174 6788 Q&A: 017-600 8303</p>	<p><u>For Office Use Only</u></p> <p>Date Received:</p> <p>Follow Up Date:</p> <p>Faculty Match:</p> <p>Other Notes:</p> <p>Terminated Date:</p>
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