

INTERN BOOKING FORM

Personal Details

Name

Surname

Address

Telephone/Mobile

Email

Date of Birth

Age

NIC/Passport Number

Your current official/estimated level of English (if non native speaker)

Internship Information

Start Date

Finish Date

Duration (weeks)

Please indicate three sector choices for your internship (eg finance, marketing, administration, tourism, etc)

1

2

3

Accommodation Requirements (if requested)

Arrival Date

Departure Date

Duration (weeks)

Applicable to Homestay accommodation

Please let us know the following information (please tick the box where applicable)

Are you a smoker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you mind smoking in the house?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you mind pets in the house?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any medical conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently taking medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have any special diet requirements, allergies, etc, which your host family/company should be aware of?

Who is your preferred roommate?