PhD Internship Placement Application Form

1. Organisation Details (To be completed by Organisation)

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| --- | --- |
| Internship Organisation Name: | Click or tap here to enter text. |
| Internship Organisation UEN: | Click or tap here to enter text. |
| Organisation Address: | Click or tap here to enter text. |
| Organisation URL**:** | Click or tap here to enter text. |
| Brief description of Organisation’s business activities**:** | Click or tap here to enter text. |
| Industry classification: | Click or tap here to enter text. |
| Internship allowance  (CPF exempted): | Click or tap here to enter text. |

**Organisation Co-ordinator Details:**

|  |  |
| --- | --- |
| Name of Internship Coordinator /  HR personnel: | Click or tap here to enter text. |
| Designation: | Click or tap here to enter text. |
| Department: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Contact Number: | Click or tap here to enter text. |

**Internship Organisation Supervisor Details:**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Designation: | Click or tap here to enter text. |
| Department: | Click or tap here to enter text. |
| Contact No.: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

1. Internship Details (To be completed by Organisation)

**Please note that this application is subject to approval by student’s School and Graduate College.**

We would like to offer the following internship opportunity to the above student, for the period from

Click or tap here to enter text..

|  |  |  |
| --- | --- | --- |
| Internship Title: | | |
| Click or tap here to enter text. | | |
| Internship Scope:  Please describe briefly the main work area(s) which the student(s) will be involved in and the objective(s) or target(s) for student(s) to achieve. | | |
| Click or tap here to enter text. | | |
| Prerequisites/Requirements: | | |
| Click or tap here to enter text. | | |
| Skills developed through this internship: | | |
| Click or tap here to enter text. | | |
| Internship Location Address (if different from the Organisation Address): | | |
| Click or tap here to enter text. | | |
| Reporting Instructions: | | |
| Reporting Officer on 1st day of reporting: Click or tap here to enter text.  Date of reporting: Click or tap here to enter text.  Time of reporting: Click or tap here to enter text.  Working hours (State actual working days/hours): Click or tap here to enter text.  Dress code: Click or tap here to enter text.  Special Instructions to students, if any: Click or tap here to enter text. | | |
|  | | |
| Declaration by Organisation – please tick (√) | | |
| The number of employees in our organisation is at least 3. | Yes | No |
| The student will be attached to a proper office setup and not one that operates from home or virtual office. |  |  |
| Our organisation has a paid-up capital of at least $10,000. |  |  |
| Our organisation has been in operations for at least two years. |  |  |
| Our organisation is not an independent financial consultancy / insurance agency. |  |  |
| Our organisation has at least one full-time staff who possesses the competencies/experience, and commitment to provide guidance to the student. |  |  |
| Our organisation is able to provide supervision on the student during the internship. |  |  |
| The student is not associated with our organisation and has no immediate family members, close relatives or friends either working in the organisation or is/are director(s) or substantial shareholder(s) of the organisation or otherwise which may give rise to conflicts of interest. |  |  |
| If you had chosen “NO” to any of the above, please elaborate: Click or tap here to enter text. | | |

I declare that the above information provided are true and accurate.

Date: Click or tap here to enter text.

Signature: Click or tap here to enter text.



1. Student Details (To be completed by Student)

|  |  |
| --- | --- |
| ​Student Name: | Click or tap here to enter text. |
| Matriculation No.: | Click or tap here to enter text. |
| Course: | Click or tap here to enter text. |
| Year of Study / Semester: | Click or tap here to enter text. |
| Pass PhD Qualifying Exam: | Click or tap here to enter text. |
| Completion of 3MT: | Click or tap here to enter text. |
| Number of GAP hours completed: | Click or tap here to enter text. |
| Completion of relevant communication course: | Click or tap here to enter text. |
| Specialisation (if applicable): | Click or tap here to enter text. |
| Contact Number: | Click or tap here to enter text. |
| Date of form submission: | Click or tap here to enter text. |
| How did you know of the organisation and secure the placement? | Click or tap here to enter text. |

1. Declaration by Student

|  |  |  |
| --- | --- | --- |
| Please tick √ | Yes | No |
| I have no immediate family members, close relatives, or friends either working in the organisation, or is/are director(s) or substantial shareholder(s) of the organisation, and/or I am not associated with the organisation in any way that may give rise to conflict of interest. |  |  |
| I accept that the decision for me to take up this internship placement secured is subject to the final approval by my School and Graduate College. If I have accepted another offer, this self-sourced application will be voided. |  |  |
| I am covered by NTU Group Personal Accident Insurance or my own Personal Accident Insurance coverage. |  |  |
| I understand that any false declaration made by me will lead to disciplinary action (including, and not limited to, failing my internship, suspension or expulsion from NTU) regardless of whether it is found out before, during or after the internship. |  |  |
| If you had answered “NO” to any of the above, please elaborate:  Click or tap here to enter text. | | |

I declare that the above information provided are true and accurate.

Name of Student: Click or tap here to enter text.

Date: Click or tap here to enter text.

Signature:

