

INTERNATIONAL STUDENT CARE ORGANISATION (ISCO)



We Care for Students Worldwide

ESTABLISHED IN 2004[®]

INTERNSHIP APPLICATION FORM

1	PERSONAL DETAILS (Application Information only)
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Title	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS.		
Surname/Family Given/Other			
Postal Address	City: Country:	Postal code:	
Permanent Home Address if Different from Above	City: Country:	Postal code:	
Telephone/Fax Cell or E-mail	Home:	Work:	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	Date of Birth: Year: Month: Day:

1A	Contact Person
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Surname/Family Given/Other			
Address	City: Country:	Postal code:	
Telephone/Fax Cell or E-mail	Home:	Work:	
Relationship to Applicant			

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2	PREFERRED PROGRAM CHOICE
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PRIORITY	PROGRAM LENGTH	START TIME	
		MONTH	YEAR
1			
2			
3			
2A	Internship Program	START TIME	
		DAY	MONTH YEAR
	Internship Training Program		

3	ACADEMIC BACKGROUND (If Applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Last School attended:	City:	Country:
Address of Last School attended:		
Program Studied: (if available)		

4	EMPLOYMENT RECORD
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Please provide a resume of your work experience starting with your current/most recent job. (If applicable)

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5	FEEDBACK
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How did you first learn about ISCO?
 Who encouraged you to apply or join the program?

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FREEDOM OF INFORMATION AND PRIVACY NOTIFICATION

The personal information collected on this application is collected under legal authority shall be kept confidential. The information is collected for the purpose of statistics gathering for research and report within the Organization. For further information regarding this collection, please contact the ISCO Secretary.

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DECLARATION

I declare that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal by ISCO of a place that may be offered, and that this withdrawal may also take place at any time during my enrollment.

I authorized ISCO to obtain any details relating to my involvement with any Institution.

SIGNATURE/RIGHT THUMB PRINT:..... DATE:.....
(APPLICANT)

SIGNATURE/RIGHT THUMB PRINT:..... DATE:.....
(PARENT/GUARDIAN /CONTACT PERSON)
IF APPLICANT IS UNDER 18 YEARS OF AGE

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