

## Application

Submission Deadline: 21<sup>st</sup> July 2022

### Personal Information

Full Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_  
 Surname Given name

Address: Unit: \_\_\_\_\_ Floor: \_\_\_\_\_ Estate: \_\_\_\_\_  
 Street Number  
 Building Name: \_\_\_\_\_ and Street Name: \_\_\_\_\_

District: \_\_\_\_\_ Hong Kong Island/Kowloon/New Territories (Circle One)

Month and Year of Birth: \_\_\_\_\_ (mm/yyyy) Age: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Education

(Tick where applicable)

I am currently attending St. Louis School. I will be in S ( 5 / 6 ) (circle your answer) in September 2022

I am a 2022 St. Louis School S6 graduate. My student no./HKID no.: ( ) (first 4 digits)

I am a S6 graduate Graduation Class of: \_\_\_\_\_ My student no./HKID no.: ( ) (first 4 digits)

I am a current student of the following education institute: (Tick where applicable)

Name of Institute:							
School Year (September 2022)	Year 1	Year 2	Year 3	Year 4	Master	Others:	
	Major/Program Attending:						

Please state the computer software/app skills that you know. For example: video editing, web design (Please write):


I am interested in internship opportunity with the following industry (Tick where applicable and you can choose no more than three industries):

<input type="checkbox"/> Cyber Security	<input type="checkbox"/> Technology	<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Legal	<input type="checkbox"/> Environmental Conservation
<input type="checkbox"/> Gaming	Others (please indicate):			

Emergency Contact:

Name (English):		Name (Chinese):	
Contact Number:		Email:	
Relationship with Applicant:			



# Summer Internship Program

**Self-introduction** (your message to employer(s) for example: your interest, your goal):

## Application Process:

1. Submit application form and Curriculum Vitae (optional) to SLOBA at [council@sloba.org](mailto:council@sloba.org) on or before 21<sup>st</sup> July 2022
2. SLOBA will send a list of participated organizations by email to applicants upon receipt of application form.
3. Applicant chooses from the list and replies the list to SLOBA by email at [council@sloba.org](mailto:council@sloba.org).
4. SLOBA will pass application information to those organizations chosen by applicant for their review.
5. Interview (if any) will be conducted between applicant and participated organizations



# Summer Internship Program

## Disclaimer and Signature

1. I understand that SLOBA connects me with participated employer(s) for the 2022 summer internship. SLOBA takes no responsibility and legal liability for my salary (if any), dispute or safety issues during my internship
2. I certify that my answers are true and complete to the best of my knowledge.
3. I give consent to SLOBA to release my personal information to participated employer(s).
4. I understand that SLOBA does not guarantee that I will be employed by any participated employer.
5. If this application leads to summer internship, I understand that false or misleading information in my application or interview may result in my release.
6. I understand that all information collected by SLOBA in this application form will only be used for the 2022 Summer Internship Program. SLOBA will not retain any information, except my name and/or graduation year after the end of the program.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parents/Guardian Signature (for applicant under 18)

\_\_\_\_\_

Name of Parents/Guardian

\_\_\_\_\_