

Summer Internship Program

Relationship with Applicant:

Application							Submission Deadline: 15 th June 2021					
				P	ers	onal Infor	matio	n				
Full Name:						Chinese Name:						
	-	Surname		Given name			_					
Address:		Unit:		Floor:			Estat	e:				
		Building Name:					Street Number and Street Name:					
		District:					Hong	Kona	Island/ł	Kowloon/New Te	erritor	ies (Circle One)
Month and Year of Birth: Email:						(mm/yyyy)	Age					
								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 2021												
	am a 2021	St. Louis So	chool S	S6 graduate.		My stud	ent no./l	HKID n	0.:	()		(first 4 digits)
I	am a S6 g	raduate	Grad	uation Class of:		My stud	ent no./l	HKID n	0.:	()		(first 4 digits)
I am a	current stu	udent of the t	followin	ng education institute: (Tick wh	nere applicable)						
Name	of Institute	:										
0.1	137			Year 1 Yea	r 2	Year 3	Y	ear 4		Master		Others:
School Year (September 2021)		M	ajor/Program Attending									
Pleas	e state the	computer so	ftware	/app skills that you know	w. For	example: video ed	ditina. wel	o desiar	ı (Please	e write):		
				.,,			3,	<u> </u>				
I am ii	nterested ir	n internship o	pportu	ınity with the following i	ndustr	'V (Tick where app	olicable ar	nd vou d	an choo	se no more than t	hree ii	ndustries):
	T/Cyber Se			Accounting/Auditing		Interior Design			Legal			Medicine
,	Journalism/	Publishing (Publishing		Advertising/PR		Transport			Logist	tic		Civil Engineering
ı	Banking/Fir	nance		Manufacturing		Start-Up			Others (please indicate):			
Emer	gency Cont	act:										
Name (English):						Name (Chinese):						
Contact Number:						Email:						



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 on or before 15th June 2021
- 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.
- 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 2021 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 2021 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		