



## Confirmation

To: SLOBA

Please find the following offer(s) from our organization:

| Please <input checked="" type="checkbox"/><br>if applicable | Offer(s) to Junior Old Boys and/or Senior Form Students<br><br>Junior Old Boys: University students or equivalent<br>Senior Form Students: S4 to S6 of St. Louis School with ages of 15 or above  | Junior Old<br>Boys<br>(Please <input checked="" type="checkbox"/> if<br>applicable) | Senior Form<br>Students<br>(Please <input checked="" type="checkbox"/><br>if applicable) |
|---|---|---|--|
|   | Half / Full Day visit to our organization<br><br>Date: _____ (AM / PM)<br>(please circle your selection)  |   |  |
|   | Internship: One / Two month(s) with salary / transportation allowance (please circle your selection)<br><br>@ HK\$ _____<br>Start from (date): _____<br>and our organization will issue reference letter upon completion of internship                  |   |  |
|   | Internship: _____ days / week(s) with salary / transportation allowance (please circle your selection)<br><br>@ HK\$ _____ per day / week<br>Start from (date): _____<br>and our organization will issue reference letter upon completion of internship |   |  |
|   | Internship: One / Two month(s) (please circle your selection) without salary and our organization will issue reference letter upon completion of internship<br>Start from (date): _____   |   |  |
|   | Internship: _____ days / week(s) (please circle your selection) without salary and our organization will issue reference letter upon completion of internship<br>Start from (date): _____   |   |  |



## Contact Information

|                      |  |          |  |
|----------------------|--|----------|--|
| Organization Name    |  |          |  |
| Organization Address |  |          |  |
| Contact Person       |  | Position |  |
| Telephone            |  | Email    |  |
| Organization Profile |  |          |  |

Authorized Signature:

\_\_\_\_\_

Name:

Title:

Date:

Please return this form (total 2 pages) to the SLOBA office

Email: [council@sloba.org](mailto:council@sloba.org) / Fax: + (852) 2537 1853

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