

# INTERNSHIP APPLICANT DATA FORM

**SUBMIT THE INTERNSHIP FEE OF \$5,000 WITH THE APPLICATION.**

Type in the boxes, save and email back the application form. However, print the reference page (page 3-4) and the approval page (page 6). Your application is not processed until all pages and the application fees are received to complete the application.

<b>PERSONAL INFORMATION</b>							
PURPOSE OF THIS APPLICATION	FULL NAME	NATIONAL ID TYPE & NUMBER	STUDENT ID NUMBER				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">INTERNSHIP</td> <td style="width: 20%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">WORK EXP.</td> <td style="padding: 2px;"></td> </tr> </table>	INTERNSHIP		WORK EXP.				
INTERNSHIP							
WORK EXP.							
DATE OF BIRTH	PHONE NUMBERS	EMAIL ADDRESS	MAILING ADDRESS				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">M)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">H)</td> <td style="padding: 2px;"></td> </tr> </table>	M)		H)			
M)							
H)							
LEVEL OF STUDY	SPECIALISM	STARTING DATE	GRADUATION DATE				
<input type="checkbox"/> PRE COLLEGE <input type="checkbox"/> UNDERGRADUATE Bachelor Degree / UK HND <input type="checkbox"/> GRADUATE		FALL <input type="checkbox"/> of 20____ SPRING <input type="checkbox"/> of 20____ SUMMER <input type="checkbox"/> of 20____	FALL <input type="checkbox"/> of 20____ SPRING <input type="checkbox"/> of 20____ SUMMER <input type="checkbox"/> of 20____				
NEXT OF KIN	NEXT OF KIN PHONE:	NEXT OF KIN EMAIL ADDRESS	NEXT OF KIN ADDRESS				

<b>EDUCATIONAL BACKGROUND</b>				
Name of College/High School Attended	Subjects/Qualifications Earned	Awarding Organisation	Grades Earned	Year of Award

## WORK EXPERIENCE AND VOLUNTEERISM

NAME OF BUSINESS/AGENCY 1	POSITION	BUSINESS ADDRESS AND PHONE NUMBERS	FROM TO
<b>Describe your Job Functions</b>			
NAME OF BUSINESS/AGENCY 2	POSITION	BUSINESS ADDRESS AND PHONE NUMBERS	FROM TO
<b>Describe your Job Functions</b>			
NAME OF BUSINESS/AGENCY 3	POSITION	BUSINESS ADDRESS AND PHONE NUMBERS	FROM TO
<b>Describe the Job Functions</b>			
NAME OF BUSINESS/AGENCY 4	POSITION	BUSINESS ADDRESS AND PHONE NUMBERS	FROM TO
<b>Describe the Job Functions</b>			

PAGE 2 of 25 | Return the complete Application by email, fax, or by post office to:

**Colbourne College**

RETURN ADDRESS: 6 Hillview Avenue, Kingston 10 Phone: 876-906-8085/0918 FAX: 906-8401

Email: [admin@colbournecollege.com](mailto:admin@colbournecollege.com) Website: [www.colbournecollege.com](http://www.colbournecollege.com)

# REFERENCE FORM

<b>REFERENCE</b>								
Please supply the required information for the Applicant. Thank you.								
NAME AND TITLE OF REFEREE	PHONE CONTACT		EMAIL ADDRESS		MAILING ADDRESS			
	M							
	W							
OCCUPATION OF REFEREE	NAME OF EMPLOYER		HOW LONG HAVE YOU KNOWN THE APPLICANT		RELATIONSHIP TO APPLICANT			
<b>Referee's Evaluation of the Applicant</b>			Below Average	Average	Above Average	Good	Very Good	No Basis
Professional Achievement								
Intellectual promise								
Communications Skills (listening, verbal, written)								
Computer/Technical Literacy Basic understanding of computer hardware and software, especially word processing, spreadsheets, and email.								
Flexibility/Adaptability/Managing Multiple Priorities. Ability to manage multiple assignments and tasks, set priorities, and adapt to changing conditions and work assignments.								
Disciplined work habits								
Maturity								
Motivation								
Leadership								
Integrity								
Reaction to setbacks								
Concern for others								
Self-confidence								
Interpersonal Abilities. Ability to relate to co-workers, inspire others to participate, and mitigate conflict with co-workers.								
<b>OVERALL</b>								
<b>REFEREE'S COMMENTS</b>								
Signature _____								
Date _____								

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	W							
OCCUPATION OF REFEREE	NAME OF EMPLOYER		HOW LONG HAVE YOU KNOWN THE APPLICANT		RELATIONSHIP TO APPLICANT			
<b>Referee's Evaluation of the Applicant</b>			Below Average	Average	Above Average	Good	Very Good	No Basis
Professional Achievement								
Intellectual promise								
Communications Skills (listening, verbal, written)								
Computer/Technical Literacy Basic understanding of computer hardware and software, especially word processing, spreadsheets, and email.								
Flexibility/Adaptability/Managing Multiple Priorities. Ability to manage multiple assignments and tasks, set priorities, and adapt to changing conditions and work assignments.								
Disciplined work habits								
Maturity								
Motivation								
Leadership								
Integrity								
Reaction to setbacks								
Concern for others								
Self-confidence								
Interpersonal Abilities. Ability to relate to co-workers, inspire others to participate, and mitigate conflict with co-workers.								
<b>OVERALL</b>								
<b>REFEREE'S COMMENTS</b>								
Signature _____								
Date _____								

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# INTERNSHIP PLANNING

*To be completed and submitted to the Faculty Advisor prior as soon as the Host company is confirmed.*

Student's Name			
Name of Host Company		Business Activity	
Company Street Address		Name of Site Manager	
Company Phone Number		Company Fax	
Company Web Site		Company e-Mail	

## INTERNSHIP DESCRIPTION

Start Date		End Date	
Job Title		Name of Host Supervisor	
Student's Internship Goal			
Describe the roles to be performed			
Student's Expected Learning Outcomes	1.		
	2.		
	3.		
	4.		
	5.		

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# EMPLOYER'S QUESTIONNAIRE

Only one job function sheet needs to be completed for students on Work Experience.  
All Three job function sheet are to be used for Internship, one for each rotating role, minimum of three.

<b>WORK EXPERIENCE</b>						
NAME OF BUSINESS/AGENCY	BUSINESS EMAIL	BUSINESS ADDRESS AND PHONE NUMBERS				
NAME OF MANAGER	JOB TITLE	CONTACT DETAILS				
		EMAIL				
		PHONE				
Name of Student/Intern						
Job Criteria	POSITION #1 OF THE INTERN	DATE STARTED	DATE ENDED			
Role Function						
<b>Intern's Performance in the required role</b>		Strongly Agree	Agree	Strongly Disagree	Disagree	Neutral
		<b>5</b>	<b>4</b>	<b>-5</b>	<b>-3</b>	<b>0</b>
Introduces new ideas						
Knowledgeable about work area						
Exercises good judgment						
Demonstrates strong capabilities in problem solving						
Self-motivated						
Completes task in designated time						
Works well as a team						
Shows ability to use own initiative						
Demonstrates a level of commitment towards completing task						
Student is equip with knowledge of the field of work						
Demonstrates enthusiasm to assigned task						
Signature of Host Supervisor			Dated			

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# EMPLOYER'S QUESTIONNAIRE

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Three sheets of this page are to be used for Internship, one for each rotating role.

<b>WORK EXPERIENCE</b>					PAGE 1
NAME OF BUSINESS/AGENCY	BUSINESS EMAIL	BUSINESS ADDRESS AND PHONE NUMBERS			
NAME OF MANAGER	JOB TITLE	CONTACT DETAILS			
		EMAIL			
		PHONE			
<b>Name of Student/Intern</b>					
<b>Job Criteria</b>	POSITION #2 OF THE INTERN	DATE STARTED	DATE ENDED		
<b>Role Functions</b>					
<b>Intern's Performance in the required role</b>	Strongly Agree	Agree	Strongly Disagree	Disagree	Neutral
	<b>5</b>	<b>4</b>	<b>-5</b>	<b>-3</b>	<b>0</b>
Introduces new ideas					
Knowledgeable about work area					
Exercises good judgment					
Demonstrates strong capabilities in problem solving					
Self-motivated					
Completes task in designated time					
Works well as a team					
Shows ability to use own initiative					
Demonstrates a level of commitment towards completing task					
Student is equip with knowledge of the field of work					
Demonstrates enthusiasm to assigned task					
<b>Signature of Host Supervisor</b>			<b>Dated</b>		

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<b>WORK EXPERIENCE</b>					PAGE 2	
NAME OF BUSINESS/AGENCY	BUSINESS EMAIL	BUSINESS ADDRESS AND PHONE NUMBERS				
NAME OF MANAGER	JOB TITLE	CONTACT DETAILS				
		EMAIL				
		PHONE				
<b>Name of Student/Intern</b>						
<b>Job Criteria</b>	POSITION #2 OF THE INTERN	DATE STARTED	DATE ENDED			
<b>Role Functions</b>						
<b>Intern's Performance in the required role</b>		Strongly Agree	Agree	Strongly Disagree	Disagree	Neutral
		<b>5</b>	<b>4</b>	<b>-5</b>	<b>-3</b>	<b>0</b>
Introduces new ideas						
Knowledgeable about work area						
Exercises good judgment						
Demonstrates strong capabilities in problem solving						
Self-motivated						
Completes task in designated time						
Works well as a team						
Shows ability to use own initiative						
Demonstrates a level of commitment towards completing task						
Student is equip with knowledge of the field of work						
Demonstrates enthusiasm to assigned task						
<b>Signature of Host Supervisor</b>			<b>Dated</b>			

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Three sheets of this page to be used for Internship, one for each rotating role, minimum of three.

<b>WORK EXPERIENCE</b>					PAGE 3	
NAME OF BUSINESS/AGENCY	BUSINESS EMAIL	BUSINESS ADDRESS AND PHONE NUMBERS				
NAME OF MANAGER	JOB TITLE	CONTACT DETAILS				
		EMAIL				
		PHONE				
Name of Student/Intern						
Job Criteria	POSITION #3 OF THE INTERN	DATE STARTED	DATE ENDED			
Role Functions						
<b>Intern's Performance in the required role</b>		Strongly Agree	Agree	Strongly Disagree	Disagree	Neutral
		<b>5</b>	<b>4</b>	<b>-5</b>	<b>-3</b>	<b>0</b>
Introduces new ideas						
Knowledgeable about work area						
Exercises good judgment						
Demonstrates strong capabilities in problem solving						
Self-motivated						
Completes task in designated time						
Works well as a team						
Shows ability to use own initiative						
Demonstrates a level of commitment towards completing task						
Student is equip with knowledge of the field of work						
Demonstrates enthusiasm to assigned task						
Signature of Host Supervisor			Dated			

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# EMPLOYER'S QUESTIONNAIRE

<b>OVERALL RATING OF THE STUDENT/INTERNSHIP</b> <span style="float: right;">PAGE 4</span>					
NAME OF BUSINESS/AGENCY	BUSINESS EMAIL	BUSINESS ADDRESS AND PHONE NUMBERS			
NAME OF MANAGER	JOB TITLE	CONTACT DETAILS			
		EMAIL			
		PHONE			
Name of Student/Intern					
<b>Intern's Professionalism</b>	Strongly Agree	Agree	Strongly Disagree	Disagree	Neutral
	<b>5</b>	<b>4</b>	<b>-5</b>	<b>-3</b>	<b>0</b>
▪ Professional Attired					
▪ Demonstrates a good corporate attitude					
▪ Punctuality					
▪ Dependability					
▪ Performs task thoroughly					
▪ Good working relationship with staff					
▪ Displays good oral communication					
▪ Ethics					
▪ Adheres to organizational policies					
▪ Student is receptive to instruction					
▪ Adheres to organization code of conduct					
▪ Demonstrates a high level of respect for the organization					
▪ Student overall behavior is in line with organizational culture					
▪ Student takes pride in the quality of work produced					
▪ Student displays a high level of confidence in completing assigned task					
Signature of Host Supervisor			Dated		

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# EMPLOYER'S QUESTIONNAIRE

<b>OVERALL RATING OF THE STUDENT/INTERNSHIP</b> PAGE 5			
NAME OF BUSINESS/AGENCY	BUSINESS EMAIL	BUSINESS ADDRESS AND PHONE NUMBERS	
NAME OF MANAGER	JOB TITLE	CONTACT DETAILS	
		EMAIL	
		PHONE	
Name of Student/Intern			
What are the student's strengths?			
Would you consider hiring this student after graduation?			
What are the areas that the student needs to improve upon?			
How do you rate the student overall			
Did you identify areas that Colbourne can improve on the Internship Program.	If yes where?		
Benefits gained by Host Companies in Colbourne Internship programme .	<ul style="list-style-type: none"> <li>Strategic opportunity to survey and select potential future employees.</li> <li>Opportunity to contribute to the development and uplifting of educating young professionals that will ultimately contribute to the development and management of the work force in Jamaica.</li> <li>Build strong relationship with the college for marketing support through recognition of service.</li> <li>Provide own expertise in the specific field insuring continuity of qualified and knowledgeable professionals in the field.</li> <li>Utilizes the students' abilities and expertise during the peak season.</li> </ul>		
Will you be a full-time Host Company for the Internship Program?			
Signature of Host Supervisor		Dated	

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# INTERNSHIP RECORD MANAGER

Name of Student		Student ID	
Host Company		Self Placed or Pre Placed	
Faculty References Provided by			
Internship Application Received by		Internship Approved by	
Application Received		Mode of Payment and Date	
Internship Start Date		Internship Completion Date	
Student's Supervisor		Supervisor's Contact	
<b>Internship Docs &amp; Coursework Collected</b>	Date of Audit 1	Date of Audit 2	Date of Audit 3
Student's Internship Application Form (Mandatory)	Faculty Advisor's Report 1: Internship Plan and Rationale for the Host Company	Faculty Advisor's Midpoint Evaluation post Site visit	Faculty Advisor's Midpoint Evaluation post Site visit
Date Doc Received	Date Doc Received	Date Doc Received	Date Doc Received
Employer's Evaluation of Intern	Employer's Overall Rating of Internship	Student's Reflective Essay	Student's Internship Report
Date Doc Received	Date Doc Received	Date Doc Received	Date Doc Received
1 Page			
3 Pages			
Faculty Advisor's Recommendations			
<b>Students Final Grade</b>	Employers Grade	Reflective Essay	Internship Report
	(50%)	(25%)	(25%)
	Cumulative Grade		Pass/Fail
<b>Faculty Advisor's Comments and Recommendations</b>			
			Signature
			Date

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# COLBOURNE APPROVAL FORM

## Approval of Faculty Advisor

Name: \_\_\_\_\_ ID Type: \_\_\_\_\_ STAFF ID # \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Approval of Supervisor/Department Head

Name: \_\_\_\_\_ ID Type: \_\_\_\_\_ STAFF ID # \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Approval of Applicant

Name: \_\_\_\_\_ ID Type: \_\_\_\_\_ ID # \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Approval of Parent/Guardian

Applicants under the age of 18 requires the Parent/Guardian to sign on his/her behalf

Name: \_\_\_\_\_ ID Type: \_\_\_\_\_ ID # \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Payment History	Cash Payment	Bank Payment	Cheque Payment
Date of Payment			
Payment Number/Branch			
Payee			
Clerk's Signature		Date	

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## INTERNSHIP AGREEMENT

<b>Type of Placement</b> <i>Self Placed/Pre Placed</i>			
<b>Host Company</b>	Option One	Option Two	Option Three

### INTERNSHIP TERMS FOR AGREEMENT

I fully understand and appreciate the dangers, hazards and risks inherent in participating in the above described program, including the transportation to and from the program premises; and in any independent activities I undertake as a participant in the program (collectively referred to as “Program”) which may include property damage, personal injury or death. I accept any and all risks, associated with my participation in the Internship Program.

I have read, understood and have meet the relevant requirements outlined in Colbourne’s Internship Manual to participate in the Internship Program. In signing this document, I acknowledge and represent that I have fully informed myself of the content of this Agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed. I further state that I am at least 18 years of age and fully competent to sign this Agreement.

Whereby if I am under the age of 18 years of age my Parent/Guardian permission is granted and he/she has signed the accompanying Colbourne approval Form that is submitted with this Agreement.

Student’s Signature	Date	Faculty Advisor’s Signature	Date