GOVERNMENT OF SAINT VINCENT AND THE GRENADINES
Offering National Support for Internship Training and Employment (ON–SITE)

PARTICIPATING BUSINESS APPLICATION FORM

THIS FORM MUST BE COMPLETED IN BLOCK LETTERS

NAME OF BUSINESS _____

BUSINESS TYPE _____

INDUSTRY/SECTOR _____

ADDRESS_____

EMAIL ADDRESS_____

TELEPHONE NUMBER(S) _____

DATE OF REGISTRATION _____ **No. OF YEARS IN OPERATION**_____

NUMBER OF EMPLOYEES _____

OWNER/ MANAGER _____

LEGAL SET-UP OF BUSINESS

☐ Sole proprietorship ☐ Partnership ☐ Limited Liability Partnership ☐ Corporation
☐ Limited Partnership ☐ Co-operative ☐ Non-profit organization.

No. OF INTERNSHIP POSITIONS AVAILABLE _____

AREA WHERE INTERNS MAY BE ASSIGNED:

_____ _____

_____ _____

WHAT SPECIAL SKILLS ARE REQUIRED TO FUNCTION IN THIS AREA?

_____

_____

PLEASE PROVIDE DAYS AND HOURS OF OPERATION.

☐ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT ☐ SUN **HOURS:** _____

IS THERE A SPECIFIC DRESS CODE FOR THE INTERN? _____

_____

_____ _____

SIGNATURE **DATE (DD/MM/YY)** **POSITION**

FOR OFFICIAL USE					
APPROVED		**REJECTED**		**FOR REVIEW**	
COMMENTS:					