



**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 **No. of HOURS:** \_\_\_\_\_

**IS THERE A SPECIFIC DRESS CODE FOR THE INTERN?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

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

\_\_\_\_\_  
**POSITION**

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

For more information and inquiries, contact the Economic Planning Division  
on 457-1746/494-6904 or Email: [onsitesvg@gmail.com](mailto:onsitesvg@gmail.com)