

Application for Social Service Internship Programme				Photograph
PERIOD OF INTERNSHIP				
From (DD/MM/YYYY)	To (DD/MM/YYYY)	Number of Weeks:		
PERSONAL PARTICULARS				
Name as per NRIC (Underline surname / family name)		NRIC	Gender Male / Female	
Permanent Home Address		Tel No. (Home): Mobile:		
Date of Birth	Citizenship	Email:		
ACADEMIC QUALIFICATIONS				
Year		Institution / Country	Qualification Attained	CAP / GPA
From	To			
WORK / VOLUNTEER EXPERIENCE				
From	To	Name of Organization	Title / Position & Nature of Work	
CO-CURRICULUM ACTIVITIES				
Academic Year	Activity / Organization		Position	

REFEREES		
Name	Title:	
Organization:	Email:	
Address:	Contact:	
Please provide a brief (within the space provided) explanation of interest in the Internship and what you hope to gain from the experience.		
EMERGENCY CONTACT		
Name:	Relationship:	Tel/HP:
QUICK SURVEY		
How did you find out about the internship?		
<input type="checkbox"/> Corporate NCSS/SSI Website	<input type="checkbox"/> School Talks	<input type="checkbox"/> Word-of-Mouth
<input type="checkbox"/> Career Fair	<input type="checkbox"/> Internet	<input type="checkbox"/> Others: _____
DECLARATION		
I hereby declare that all information given above is true and complete to the best of my knowledge.		
I authorize background investigation of all statements contained in this record if my application is considered. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal from the internship.		
Signature: _____	Date: _____	

Please send completed form with supporting documents (CV, copy of NRIC and Testimonials)
to sector_internship@ncss.gov.sg