



**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:					

