

P.O. Box NB 14, Nii Boiman – Accra
Plaza building, Lapaz – location
Email: specialworkforceandgenerals@gmail.com

Tel: 0546273149 / 0542724165

INTERNSHIP REGISTRATION FORM

FULL NAME		
TITLE:		
PHONE NUMBER:		
EMAIL:		
RESIDENTIAL ADDRESS	s:	-
POSTAL ADDRESS:		
DATE OF BIRTH:	AGE:	
AREA YOU STAY	- OF	-
EI	DUCATIONAL BACKGROUND	
NAME OF INSTITUTION:	() WORDVICES	<u>-</u>
PROGRAM OF STUDY:	DUCATIONAL BACKGROUND FORCE NOR NOR SERVICES EXPECTED VIABOR COMPLETIONS	-
LEVEL:	EXPECTED YEAR OF COMPLETION:	
STUDENT ID:	HALL/HOSTEL:	
	INTERNSHIP PLACEMENT	
EXPECTED DURATION (I	DD/MM/YYYY): FROM:TO:	
PREFERRED INTERNSHII	P DEPARTMENT:	
PREFERRED LOCATION:		-
Based on your field of study	Workforce would present you with a number of companies	of which you would
be placed at one of them. Pla	acement would be based on number of slots and its availabilit	y.
I UNDERSTAND THAT FA	ALSIFICATION OF INFORMATION IS GROUNDS FOR D	DISMISSAL.
YES □ NO □		
SIGNATURE	DATE	