



## Notification of Internships

Electronic copy sent to: internships.jobsplus@gov.mt

### INTERN'S DETAILS

Name & Surname	<input type="text"/>	<b>Internship on the grounds of intern being:</b> a Current Student <input type="checkbox"/> <b>or</b> a Recent Graduate* <input type="checkbox"/>  <b>In either case, indicate the <u>name of the course</u> that intern is following/has followed:</b> <input type="text"/>
ID Card/Passport No	<input type="text"/>	
Date of Birth	<input type="text"/>	
E-mail	<input type="text"/>	
Gender	<input type="text"/>	
Nationality	<input type="text"/>	

### DETAILS OF SENDING EDUCATIONAL INSTITUTION (*only* required for interns who are currently following a course)

Name	<input type="text"/>		
Address	<input type="text"/>	Contact Person	<input type="text"/>
	<input type="text"/>	Current Role	<input type="text"/>
	<input type="text"/>	Tel / Mob No	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>

### DETAILS OF RECEIVING ORGANISATION

Name	<input type="text"/>		
Address	<input type="text"/>	Contact Person	<input type="text"/>
	<input type="text"/>	ID/Passport No	<input type="text"/>
	<input type="text"/>	Tel / Mob No	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>
P.E No. & Vat No	<input type="text"/>	Mentor	<input type="text"/>
	<input type="text"/>	Mentor's Id No	<input type="text"/>

Voluntary organisations are to include VO ID No  VO /

Will the internship be carried out at the above address? Yes  No

If *not*, at what address will the internship be carried out?

### INTERNSHIP DETAILS

Duration	From:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Total number of hours per week:	<input type="text"/>
	To:	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Internship Position / Occupation

Indicate by which insurance coverage the intern is being covered (coverage is mandatory)

Accident Insurance  Business Liability Insurance  Other \_\_\_\_\_

Will financial support be provided? Yes  No  If yes, amount per week: €

- Attachments:
- Internship Agreement
  - \* *For Recent Graduates only* - Proof of qualification obtained within the last 12 months

Receiving Organisation's signature

Intern's signature

Stamp and signature of Educational Institution  
*(only for current students)*

ID Card No of Signatory

Name and Surname

In addition to this notification, kindly note that any issues relating to VISAs/Residency Permits, National Insurance and Tax are to be dealt with the respective departments.