

Form F 018: Application for Internship.

Name	
MyKad / ID number:	
Address as per MyKad	
Name of university	
Name of degree or diploma / course	
Our work office is in Kota Kemuning. Are you willing to work at this location?	
When do you expect to complete your course?	
Duration of internship	
Start date of internship	
End date of internship	
Name and contact number of lecturer / university staff responsible for your internship program.	
Do you have transport?	Car / Motorcycle / None
Does your university provide any insurance coverage for work experience or internship.	Yes / No If yes, please provide documentation.
Do you have any medical conditions? If yes, please state.	Yes / No
What do you expect to learn?	

Why did you choose to study your course?	
If necessary, are you willing to work overtime?	Yes / No
What is your expected allowance?	RM

1. Please provide copies of the following documents:
 - a. Resume
 - b. Transcript of results
 - c. Cover letter from university
 - d. Reply Form by university – for us to reply if we accept your internship or not.
2. If you do not have any of the above-mentioned forms, please let us know.
3. You are requested to disclose any medical conditions. However, these disclosure is unlikely to affect the outcome of your application.
4. Please email the completed form and the necessary documents to:
hr@ibright.com.my