



Intrinsic – for students and youth

### Professional Internship Australia Application Form

Please complete this form in English **BLOCK** letters and submit your application together with the following documents to:  
Room 1405, 14/F, Austin Tower, 22-26 Austin Avenue / 152 Austin Road, Tsimshatsui, Kowloon, Hong Kong SAR.

- HK\$100 non-refundable administration fee
- HKID ID copy
- Passport copy
- Student ID copy
- Transcript copy
- Two recent passport size photos (1.5" x 2"); in addition to the one on this form
- Résumé / CV
- A cover letter to Host Company which outlines yours skills, work experience & Internship goal
- Statement of Internship objectives
- Previous Australia visa copy (if any)



Payment Methods:

1. By check (please make check payable to "Intrinsic – for students and youth")
2. By payment transfer (please transfer the payment to the following account and attached a receipt copy with your name behind)  
Hong Kong Participants: Hong Kong HSBC A/C (636-379232-838)

Personal Details

Family Name	Given Name
Preferred Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail	Alternative E-mail
Phone No.	Mobile No.
Date of Birth (DD/MM/YY)	HKID ID No.
City of Birth	Country of Citizenship
Postal Address	
Postal Code	City Country

Passport Details

Passport Type <input type="checkbox"/> HKSAR <input type="checkbox"/> BNO <input type="checkbox"/> Other	Passport No.
Place of Issue	Date of Issue (DD/MM/YY)
Passport Expiry Date (DD/MM/YY)	Will this be your 1 <sup>st</sup> visit to Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a Working Holiday Visa (subclass 417) to Australia before? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact Information (Please provide your NEXT OF KIN information only)

Family Name	Given Name
Relationship to Participant	E-mail
Phone No.	Mobile No.
Address <input type="checkbox"/> Same as above	
Postal Code	City Country

Education

Institution Name	Program Length	Years
Program Name (Major)	Date of Graduation	(MM/YY)
Current Year of Study	Preferred Internship field	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>
Preferred length of Internship:	6 weeks or shorter <input type="checkbox"/>	7-12 weeks <input type="checkbox"/> 13-26 weeks <input type="checkbox"/>



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Language Proficiency

Cantonese English Fair Good Fluent Other (please specify) Fair Good Fluent

Medical & Insurance Information

Do you suffer from any allergies? Have you suffer from any illness requiring hospitalization in the last 5 years? Do you suffer from any illness that will require you to take medication during your Internship? Do you suffer from any illness that your employer should be aware of?

If you answered "Yes" to any of these questions, please attach an extra sheet with a relevant description..

Personal Statement (If necessary, you may type your answers separately.)

What do you expect from your Internship?

Dotted lines for personal statement

Please tell us any personal qualities or professional skills of yours that will help you excel in your Internship?

Dotted lines for personal qualities

Declaration

I declare that the information given in support of this application is accurate and complete, and understand that any misrepresentation will result in disqualification from this program. I understand that the data I submitted may be sent to other parties during the course of this exchange program as part of the placement process.

Applicant Signature Date

For Official Use Only: Receive Date, Checked by, Selection Date, Result