**National Taichung University of science and technology**

Basic information sheet of off-campus internship institutions

Date： Year month day

|  |  |
| --- | --- |
| Company’s Name |  |
| Person in Charge |  | Company Tax ID |  |
| Contact Person |  | Job Position |  |
| Contact Numbers |  | Fax Numbers |  |
| Company’s Address | □□□ |
| E-mail |  |
| Company’s website |  |
| Service Items |  |
| Company Association | * No □ Yes, name of association:
 |
| Internship Period: | Type of Internship: □Summer Internship □Semester Internship □School Year Internship □Medical Nursing Internship □Overseas Internship □Other Internship CoursesInternship Period: 　 　year　 　month day to 　 　year　 　month day |
| Internship Department/Job Title | Requirements | Internship Description | Internship Location | Internship Quota | Salary\*Please meet the basic salary standard or above |
|  |  |  |  | people | □ Monthly salary \_\_\_\_\_\_\_\_dollar□ Daily salary \_\_\_\_\_\_\_\_dollar□ Hourly salary \_\_\_\_\_\_\_\_dollar □Others dollar  |
| Provides Benefits | 1. Bonus: □Performance □Year-end □Other allowance

Description: 2.Accomodation: □Yes 　 No / Meal: □Yes 　No Description: 3.Leave: Monthly leave 　　 days，□work in shifts　 fixed weekly leave　 Others: 4.Insurance: □Labor Insurance 　Health Insurance 　Employee Retirement Insurance □Group Insurance □Others: 5.Others:  |
| A program plan for Interns graduate retention | □No□Yes, please add description: |
| Education and training awareness | □Orientation Training □On-job training □Other □No |
| Internship information acquisition | □Enterprises apply on their own □ \_\_\_\_\_\_\_\_\_\_ Recommended by the director/teacher □ Student Application □Others:  |
| Cooperation status | □Approved □Not Approved□ Starting from year month day, internship cooperation.□ Ending from year month day, internship cooperation.□Others  |

Note: For those who are developed by the department and applied by students themselves, please submit this form to the department for evaluation and review after completing this form.