**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 Courses  Internship 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.