

Please complete the form with **employer signature and company chop** and attach 1) **Business Registration (BR)** and 2) **Contact person's business card with company details**.

Work-Integrated Education (WIE) - Confirmation of Internship Offer

We confirm to offer the internship to the following student and understand that the WIE programme is part of the student's curriculum and a required component for his/her graduation eligibility. The mentioned student will work as a student intern with no employment relationship with our company/organisation.

Student Name:			Student ID:		
Programme:	<input type="checkbox"/> BBA (Hons) in Accountancy <input type="checkbox"/> BBA (Hons) in Accounting and Finance <input type="checkbox"/> BBA (Hons) in Financial Services		<input type="checkbox"/> BBA (Hons) Scheme in Accounting and Finance		
Local/Non-Local Student:	<input type="checkbox"/> Local Student <input type="checkbox"/> Non-Local Student		HKID/ Passport No.:		
Company/ Organisation Name:					
Company/ Organisation Address:					
	<input type="checkbox"/> Hong Kong	<input type="checkbox"/> Mainland China		<input type="checkbox"/> Overseas	
Industry/Sector:	<input type="checkbox"/> Accounting <input type="checkbox"/> Banking and Financial Service <input type="checkbox"/> Education <input type="checkbox"/> Government		<input type="checkbox"/> Hospitality and Tourism Services <input type="checkbox"/> Information Technology <input type="checkbox"/> Others: _____		
Internship Period:		to			
	(DD/MM/YYYY)			(DD/MM/YYYY)	
Internship Job Title:					
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Expected Total Hours:		
Job Duties: (within 100 words)					
Salaries/Allowance, if applicable:			<input type="checkbox"/> Not Applicable		
	<input type="checkbox"/> HKD	<input type="checkbox"/> RMB	<input type="checkbox"/> USD	<input type="checkbox"/> Others: _____	
	<input type="checkbox"/> Per Hour	<input type="checkbox"/> Per Week	<input type="checkbox"/> Fixed Sum	<input type="checkbox"/> Other package: _____	
	<input type="checkbox"/> Per Day	<input type="checkbox"/> Per Month			
Contact Person:			Job Title:		
Telephone:			Company Email:		

Employer Signature with Company Chop

Name: _____

Job Title: _____

Date: _____