

## Work-Integrated Education (WIE) – Employer Participation Form

This is to confirm our participation in the WIE programme of the School of Accounting and Finance (AF) of The Hong Kong Polytechnic University as a host company/organisation with the following details.

Company/Organisation Name:			
Company/Organisation Address:			
Telephone:			
Website:			
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: _____	
Number (approx.) of Staff:	Hong Kong	Worldwide, if applicable	
Contact Person:		Job Title:	
Company Email:		Telephone:	
Email for Students' Direct Application (if applicable):			
AF Alumni in your company/Organisation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alumni Name(s):			
Alumni Email(s):			

Number of Internship Vacancies:		Year of Study:	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4
Internship Period:		to		
	(DD/MM/YYYY)		(DD/MM/YYYY)	
	<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time	
Internship Location(s):	<input type="checkbox"/> Hong Kong-based only <input type="checkbox"/> Hong Kong-based with offshore assignments (Percentage: _____) <input type="checkbox"/> Mainland China-based (Location: _____) <input type="checkbox"/> Overseas-based (Location: _____)			
Nature of Work:	<input type="checkbox"/> Audit and Assurance <input type="checkbox"/> Accounting <input type="checkbox"/> Consultancy	<input type="checkbox"/> Tax Compliance <input type="checkbox"/> Others: _____		
Job Descriptions: (Please attach additional information if needed)				

Salaries/Allowance:	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No
	<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 Day <input type="checkbox"/> Per Week <input type="checkbox"/> Per Month <input type="checkbox"/> Fixed Term
Training for interns:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interview for selecting interns:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special interview arrangement (e.g. Online/ phone interview for out-of-town students)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Closing date for application (if any):		

\_\_\_\_\_  
**Signature**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_