



## REQUEST FOR INTERNS APPLICATION FORM

### 1. Member and organization details

<b>a</b>	Member Name	
<b>b</b>	Membership Number	
<b>c</b>	Name of Organization	
<b>d</b>	Location of internship opportunity	
<b>e</b>	Number of internship slots available	
<b>f</b>	Preferred gender of the intern	
<b>g</b>	Preferred age of the intern	

### 2. Preferred area of specialization for Internship

- a) Taxation ( )
- b) Audit ( )
- c) Accounting ( )
- d) Forensics ( )

Other (please specify) -

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### 3. Commencement of internship opportunity

- a) Immediately available ( )
- b) Other (please specify)\_\_\_\_\_

### 4. Preferred internship basis

- a) Full time ( )
- b) Part time ( )

5. Name of supervisor in charge (where applicant is not an ICPAK Member)

a) Name:.....

b) Member Number.....

6. Stipend paid to interns

a) Yes ( ) Amount:.....

b) No ( )

I \_\_\_\_\_ confirm having read the internship policy and will abide by it as a supervisor and any other rules/regulations governing the internship. I also commit to abide by the ICPAK Code of Ethics

Signed \_\_\_\_\_

Date \_\_\_\_\_