



INTERNS REQUEST FORM

Company

NAME OF INSTITUTION

CONTACT PERSON

JOB TITLE

DEPARTMENT/DIVISION

TEL. NUMBER

FAX NUMBER

ADDRESS

E-MAIL

WEB SITE

LOCATION OF THE INTERNSHIP

Activities of the Company

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Number of employees:

1 to 10

11 to 29

30 to 150

more than 150

Job description and skills

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Functional Areas

- | | | |
|---|---|---|
| <input type="checkbox"/> Organization and Human Resources | <input type="checkbox"/> Finance | <input type="checkbox"/> Consultancy |
| <input type="checkbox"/> Planning, research and data processing | <input type="checkbox"/> Marketing & Sales | <input type="checkbox"/> Communication |
| <input type="checkbox"/> IT System | <input type="checkbox"/> Legal | <input type="checkbox"/> Logistics/Production |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> General Management | <input type="checkbox"/> Other |



Camera di Commercio Italiana in Giappone
在日イタリア商工会議所

Language capability

English Fluent Average
Japanese Fluent Average
Other Fluent Average
(please specify) _____

Length of internship

3 months 4 months 1 year (shared among 3/4 students)

Period

January-March April-June July-September October-December

Other information

part-time full-time

Additional information

DATE

SIGNATURE

Be aware that the Italian Chamber of Commerce in Japan will not be responsible for any damage incurred by the Company or by the Intern due to misunderstandings or irresponsible behavior of one of the parties resulting in the termination of the Internship period. In this case the Chamber will inform the Educational Institution of the event.