



GOVERNMENT OF BERMUDA  
Ministry of Economy and Labour

Department of Workforce Development

**2023 SUMMER INTERNSHIP PROGRAMME  
APPLICATION FORM**

(Applicant must be at least 15 years of age and no older than 18 years of age by July 3, 2023 to be eligible for the Summer Internship Programme)

**SUMMER INTERNSHIP PROGRAMME REGISTRATION CLOSES FRIDAY, MARCH 31, 2023**

**PLEASE PRINT**

Name of applicant:

\_\_\_\_\_

First

Middle

Surname

Age:

\_\_\_\_\_

Date of birth:

\_\_\_\_\_

Male  Female

Name of  
Parents/Guardians:

\_\_\_\_\_

Address:

\_\_\_\_\_

Contact numbers:

\_\_\_\_\_

Home

Work

Cellular

Email address:

\_\_\_\_\_

Contact numbers:

\_\_\_\_\_

Home

Work

Cellular

Email address:

\_\_\_\_\_

Alternative contact:\*

\_\_\_\_\_

Name

Relationship to applicant:

\_\_\_\_\_

Contact numbers:

\_\_\_\_\_

Home

Work

Cellular

Email address:

\_\_\_\_\_

\*The alternative contact will assist us with getting in contact with the primary contact(s) only.

**Summer Internship Career Interests:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Note:** Interests will be used as a guide in securing a suitable placement for the applicant—applicant must include three interest areas.

School applicant attends: \_\_\_\_\_ Year: \_\_\_\_\_

Does your son/daughter currently receive additional support services at school i.e. Educational Therapy, Learning Support, Other Services?

Yes  No If yes, please circle the support received. If other please indicate: \_\_\_\_\_

\_\_\_\_\_  
Signature: Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Applicant

\_\_\_\_\_  
Date