



INTERNSHIP & STUDENT ATTACHMENT FORM

OFFICIAL APPLICATION FORM

FOR OFFICIAL ADA USE ONLY

Application Ref. No.		Date Received
Screening Status	☐ Pending ☐ Shortlisted ☐ Unsuccessful ☐ Talent Pool	Initials

IMPORTANT INSTRUCTIONS

- Complete all applicable sections clearly and accurately.
- Where a question does not apply, write N/A rather than leaving the field blank.
- Attach or provide the supporting documents requested for the relevant application type.
- Submitting this form does not guarantee employment, placement, project work or shortlisting.
- ADA may verify information supplied and may contact references where appropriate.

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PLACEMENT REQUESTED

Placement Type

☐ Internship

☐ Industrial Attachment

☐ Work-Integrated Learning

☐ Student Placement

☐ Graduate Internship

☐ Job Shadowing / Short Exposure

Preferred ADA Division

Preferred Role / Area of Exposure

Requested Start Date

Requested End Date

Required Hours / Duration

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STUDENT PARTICULARS

Full Legal Name

Student Number

Mobile Number

Email Address

Town / Region	National ID / Passport No.

03 ACADEMIC INFORMATION

Institution	Programme / Field of Study
Current Year / Level	Expected Graduation Year
Academic Supervisor / Coordinator	Supervisor Contact

04 SKILLS & DEVELOPMENT GOALS

Current Technical / Academic / Creative Skills
Projects, volunteer work or previous practical experience
What do you want to learn during this placement?
What can you contribute while learning?

05 SUPPORTING DOCUMENTS

Document Checklist	
☐ Curriculum Vitae (CV)	☐ Academic Record / Results

■ Institution / Attachment Letter	■ Copy of ID / Passport where required
■ Portfolio / Project Evidence where relevant	■ Other supporting documents

Portfolio / Website

GitHub / Technical Profile

Shareable Supporting Documents Link

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STUDENT DECLARATION

Confirm the following
■ I understand placement depends on ADA capacity and supervision.
■ I understand submission does not guarantee placement.
■ I authorise ADA to use this information for application review.
■ I have supplied accurate academic and contact information.

Applicant Declaration: I certify that the information supplied in this form and in any supporting documents is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification from consideration.

Applicant Signature		Date	