



FEDERAL PUBLIC SECTOR YOUTH INTERNSHIP PROGRAM INTERNSHIP APPLICATION

INTERNSHIP INFORMATION

| | |
|---|---------------------|
| Name of host department or organization | Title of internship |
|---|---------------------|

Level of education desired: (choose one only)

High School diploma not required
 High School diploma completed
 University Degree or College Diploma

Security level for internship - indicate the security requirements for the internship:

Basic
 Enhanced Reliability
 Confidential
 Secret

Other information:

The successful intern will be required to: (list prerequisites i.e. driver's licence, medical certificate, etc.)

Language requirements for internship: (choose one only)

English
 French
 English or French
 Bilingual

IDENTIFICATION OF MENTOR

Indicate the name of the person who has accepted responsibility to act as a mentor for the intern.

| | |
|--|----------------|
| Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. | Position title |
|--|----------------|

| | |
|-----------------|--------------|
| Mailing address | Suite, Floor |
|-----------------|--------------|

| | | | | |
|------|----------|-------------|------------------------|------------------|
| City | Province | Postal Code | Telephone () - | Fax () - |
|------|----------|-------------|------------------------|------------------|

| | |
|--------|--|
| E-mail | Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French |
|--------|--|

- **I would like to participate in a half-day information session on mentoring and the Program. (Does not apply to internships requiring post-secondary diploma.)**
 Yes No If not, indicate the reason _____
- **I have attached a one-page document giving the following information on the internship: 1) knowledge and skills the intern may acquire; 2) description of the internship; 3) minimum qualifications and skills required of the candidate.**
- **I have read the objectives and requirements of the Program and will comply with them. (Program or mentoring information is available at the program website: <http://www.yip.gc.ca>.)**

_____ Signature of mentor _____ Date

IDENTIFICATION OF MANAGER

| | |
|---------------------------|----------------|
| Name of work unit manager | Position title |
|---------------------------|----------------|

| | |
|-----------------|--------------|
| Mailing address | Suite, Floor |
|-----------------|--------------|

| | | |
|------|----------|-------------|
| City | Province | Postal Code |
|------|----------|-------------|

| | | |
|------------------------|------------------|--------|
| Telephone () - | Fax () - | E-mail |
|------------------------|------------------|--------|

I have read the requirements of the internship and the Program. I support the candidacy of the above mentor and agree to give him/her the time and support necessary to provide effective coaching to the intern.

_____ Signature of manager _____ Date

Internship Application Checklist

Before submitting your internship application, please make sure you have completed the following steps:

- I have completed ALL the necessary sections of the internship application form clearly and legibly.
- I have indicated whether or not I would like to participate in the half-day information session on mentoring and the Program (does not apply to internships requiring post-secondary diploma).
- I have attached a one-page document giving the following information on the internship:
 - 1) Knowledge and skills the intern may acquire
 - 2) Description of the internship
 - 3) Minimum qualifications and skills required of the candidate
- I have read the objectives and requirements of the Program and will comply with them **(signature required)**.
- My manager has read the objectives and requirements of the Program and will comply with them **(signature required)**.