



PIPP EDUCATION CO., LTD.  
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### Hospitality Internship Application Form

**Applied Country:**  Australia  England  Spain  France

**Preferred Internship Position:**

**Internship Duration:**

**Applicant Information:** Please fill in full name as appeared on your passport

<b>Title:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Miss		
<b>Name:</b>	<b>Surname:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date Of Birth:</b> (DD/MM/YYYY)	<b>Nationality:</b>	
<b>Name of University:</b>	<b>Faculty:</b> <b>Major:</b>	
<input type="checkbox"/> <b>University's Year:</b> <input type="checkbox"/> <b>Graduated</b> <b>GPA:</b>	<b>TOEIC / TOEFL / IELTS Score:</b>	
<b>Identification Number:</b>	<b>Valid until:</b> (DD/MM/YYYY)	
<b>Current Address:</b>		
<b>Telephone Number(s):</b>	<b>Email:</b>	<b>Line ID:</b>
<input type="checkbox"/> Please fill in the box if you do not want to receive any news or promotion via email from us		
<b>Remark</b>		

<b>Father's Name:</b>	<b>Surname:</b>
<b>Occupation:</b>	<b>Place of Work:</b>
<b>Position:</b>	<b>Telephone Number(s):</b>
<b>Mother's Name:</b>	<b>Surname:</b>
<b>Occupation:</b>	<b>Place of Work:</b>
<b>Position:</b>	<b>Telephone Number(s):</b>

**Emergency Contact**

<b>Name:</b>	<b>Surname:</b>
<b>Relationship:</b>	<b>Telephone Number(s):</b>

**Health Condition**

<b>Do you have any health condition?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Please identify)
<b>In case you have any health condition, do you need any special help?</b>
<b>Are you allergic to anything? (E.g. Food, Medicine, Fur):</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Please identify)

I certify that all the information I have provided in this application is true and correct and I agree to pay throughout the program.

Signature.....Applicant

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Date of Application.....