



**INTERNSHIP INFORMATION**

Name of host department or organization	Title of internship
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Level of education desired and duration of internship: (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

Post-secondary only - the resume must be sent to the mentor: (Contact only those candidates you have selected for an interview.)

By mail       By fax       By E-mail

**IDENTIFICATION OF MENTOR**

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

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.      Name <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Position title
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Mailing address	Suite, Floor
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City	Province	Postal Code	Telephone (     )                  -                  (     )                  -	Fax (     )                  -
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E-mail	Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
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- 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
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Mailing address	Suite, Floor
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City	Province	Postal Code
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Telephone (     )                  -	Fax (     )                  -	E-mail
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**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