



REPUBLIC OF THE PHILIPPINES

# DEPARTMENT OF EDUCATION INTERNSHIP PROGRAM

## PERSONAL INFORMATION

Full Name							
	<small>Surname</small>			<small>Given Name</small>		<small>Middle Name</small>	
Date of Birth	<small>dd</small>	<small>mm</small>	<small>yyyy</small>	Age	Sex	Civil Status	
Place of Birth				Citizenship			
Address							
Landline No.				Mobile No.			
E-Mail							
Name of Academic Institution							
Degree / Level							

## ADDITIONAL INFORMATION

Special Skills	
Areas of Interest	
Competencies	

## PLACEMENT DETAILS

Put a check mark on the strand where you wish to do internship

<input type="checkbox"/>	Curriculum and Instruction	<input type="checkbox"/>	Finance and Administration	<input type="checkbox"/>	Legal and Legislative Affairs
<input type="checkbox"/>	Governance and Operations	<input type="checkbox"/>	Office of the Secretary	<input type="checkbox"/>	Strategic Management
Preferred Office (Please Specify)					

By signing below, I certify that the statements I have made in this application are correct to the best of my knowledge and belief; and that I agree to meet the eligibility criteria for the Internship Program. Submission of incorrect information may lead to strict legal action and may forfeit my internship under the Department of Education.

\_\_\_\_\_  
Signature of Applicant over Printed Name

\_\_\_\_\_  
Date

**(FOR DEPED USE ONLY) DO NOT WRITE BELOW THIS POINT**

Supervising Officer Notes:

	Date	Initials
Document requirements submitted		
Internship journal accomplished		
Time card submitted		
Internship evaluation submitted		
Employer's certificate of completion received		
Employer's evaluation sheet received		