

HOSPITALITY FIELD

Would you rather work in an independent hotel or in a chain/group?

HOSPITALITY INTERNSHIP

Host country:

Application Form

			Duration		Starting date	
Last name :						
First name :						
Postal adress :					Please attach one	
Postal/Zip Cod	Postal/Zip Code : Town :				smiling passport	
Country:					size picture here	
Phone n° (+ a	rea code) :					
Mobile phone	n° (+area code) :					
Fax n° (+ area	a code) :					
E-mail adress	:					
Sex: ○ M	0 F	Date	Date of birth :			
Nationality :		Nativ	Native language :			
NEXT OF KIN (Emergency Contact Person) Relationship with volunteer (e.g. father, sister) : Name :						
Postal Adress	:					
Post/Zip Code	:	Town:		Country :		
Phone n° (+area code) :			E-mail address :			
SKILLS in the	language of your host	country				
Written :	○ Beginner ○ Pre-inte	ermediate O Intermedi	ate O Upper-intern	nediate O A	dvanced O Fluent/Native	
-	○ Beginner ○ Pre-intermediate ○ Intermediate ○ Upper-intermediate ○ Advanced ○ Fluent/Native					
How many years have you studied the language ?						
Other language	GENERAL LEVEL :					
					Advanced OFluent/Native	
	○Beginner ○Pre	e-intermediate OInterm	ediate OUpper-int	ermediate O	Advanced OFluent/Native	
	OBeginner OPre	e-intermediate OInterm	ediate OUpper-int	ermediate O	Advanced OFluent/Native	



Oindependent hotel

Ochain/group hotel

INTERNATIONAL EXPERIENCE					
If you have any previous international / intercultural experiences (not including family holidays or packaged tours) please					
give details :					
City / Country :					
Dates :					
Purpose of visit :					
MEDICAL INFORM	IATION				
Do you smoke ?	⊃ Yes ○ No				
Are you a vegeteria	n? OYes	⊃ No			
Do you have any sp	ecial dietary req	uirements ? ○ Yes O No	o If yes, please specify :		
Are you allergic to anything ? ○ Yes ○ No If yes, please specify :					
Tick the appropriate circle if you are presently suffering from or have aver had :					
O Tuberculosis	○ Anemia	○ Eye problems	O Epilepsy / convulsions	○ Bulimia	
O Arthritis	O Ulcers	O Anorexia	O Hepatitis A B C	O Alcohol / drug problems	
O Diabetes O Heart disease	O Depression	O Dizziness / fainting	O Kidney disease	O Migraine / headaches	
If you ticked any of the above, please give details and dates :					
Have you suffered from eating disorder (anorexia/bulimia) ? ○ Yes ○ No If yes, please specify :					
Have you suffered from a nervous breakdown, depression or mental disorders ?					
○ Yes ○ No If yes, please specify :					
Have you undergone surgery or been hospitalized ? ○ Yes ○ No					
If yes, please specify (+dates):					
Do you have any physical disabilities ? O Yes O No If yes, please specify :					
Do you carry an infectious disease such as Henatitis B or HIV ? O Yes O No. If yes, please specify:					

Are you currently taking any medication ? \bigcirc Yes \bigcirc No > If yes, please specify :

Motivation Letter				
Write here about your motivation reg your host country, describe your per experience.	garding your intern ersonality, your pr	ship in hospitality p rofessional ambitior	orogram. Explain why you n and what you expect	u wish to come to to gain from this



WEP Hospitality Internship Program Agreement

1. An Internship Offer

1.1 An 'Internship Offer' means an offer of an internship with a business or other legal entity for a designated period of time;

1.2 WEP does not guarantee the location or business for any Internship Offer.

2. Change of Host Company

A 'Host Company' means a business or legal entity offering an Internship opportunity to WEP as a component of WEP's Hopsitality Internship Program in France.

Requests for a change of Host Company will only be considered under the following circumstances:

The Intern has arrived in the host country and began their Internship; and one of the following occurs:

- a) Inability of the Host Company to continue the internship;
- b) Sexual harassment or discrimination against the intern;
- c) Racial or religious vilification against the intern;
- d) Breach of Occupational Health and Safety regulations affecting the intern.

3. Postponement of the Internship start date

Requests by the Applicant to postpone the start date of their Internship will only be granted if the Host Company agrees to the postponement;

4. Code of Conduct

All Interns must adhere to WEP's Code of Conduct for the duration of their internship, which includes the following rules:

- **4.1** The Intern will be punctual and adhere to the policies of the Host Company which may be set out verbally, in a staff handbook or provided through the course of training;
- **4.2** Requests for sick leave must be reported directly to the Intern's Supervisor at the Host Company at the commencement of business on the day that leave is to be taken. Messages left on a voicemail, sent via email or SMS will not be accepted. Sick leave of 2 days or more must be accompanied by a medical certificate;
- **4.3** Any request for holidays or other leave must be made in writing to WEP and are subject to the approval of WEP;
- 4.4 No leave requests will be accepted after the commencement of Internship, other than bona fide sick leave;
- 4.5 The Intern is not permitted to request leave directly to the Host Company other than bona fide sick leave;
- 4.6 The Intern is not permitted to enter into any direct Employment Agreement with the Host Company;
- **4.7** The Intern is not permitted to enter into an Employment Agreement with any organization, if in the opinion of WEP this agreement may interfere with their Internship;
- **4.8** The Intern is not permitted to negotiate payment or any other benefit with WEP or the Host Company after receipt of their Internship Offer;
- 4.9 The Intern must adhere to the Host Company's dress code during business hours;
- **4.10** The Intern will be responsible for any loss or damage resulting from his or her acts while taking part in the Program. The Intern agrees to indemnify WEP, the Host Company, or any other party that may suffer loss by reason of the Intern's conduct:
- **4.11** The Intern must behave in an orderly and professional manner at all times whilst participating in their Internship.

Any serious misconduct or breach of this Code of Conduct will result in the cancellation of the Internship and immediate dismissal from the Program.

5. General Terms & Conditions

- **5.1** The Internship does not constitute an Employment Agreement or any offer of employment with either with WEP or the Host Company;
- **5.2** WEP has the right to amend the Program if WEP believes any such amendment is necessary to comply with any rules, laws or regulations of the host country;
- **5.3** The Intern is responsible for all of his or her acts along with any loss or damage resulting from those acts while on the Program.

I confirm that the statements contained in this application are accurate to the best of my knowledge. I have read and understood and I accept this Program Agreement. I also understand that if any of this information is found not to be correct I could be removed from WEP's Hospitality iInternship Program with no refund being due.

Signature of Participant:	Date :

