

Application for TIBS Internship Program

1. Name of Applicant: _____
2. Present University or Institutional affiliation: _____
3. Area of Study: _____
4. Degree Expected: Master's Doctorate Other: _____
5. Date Degree will be granted (DD/MM/YYYY): _____

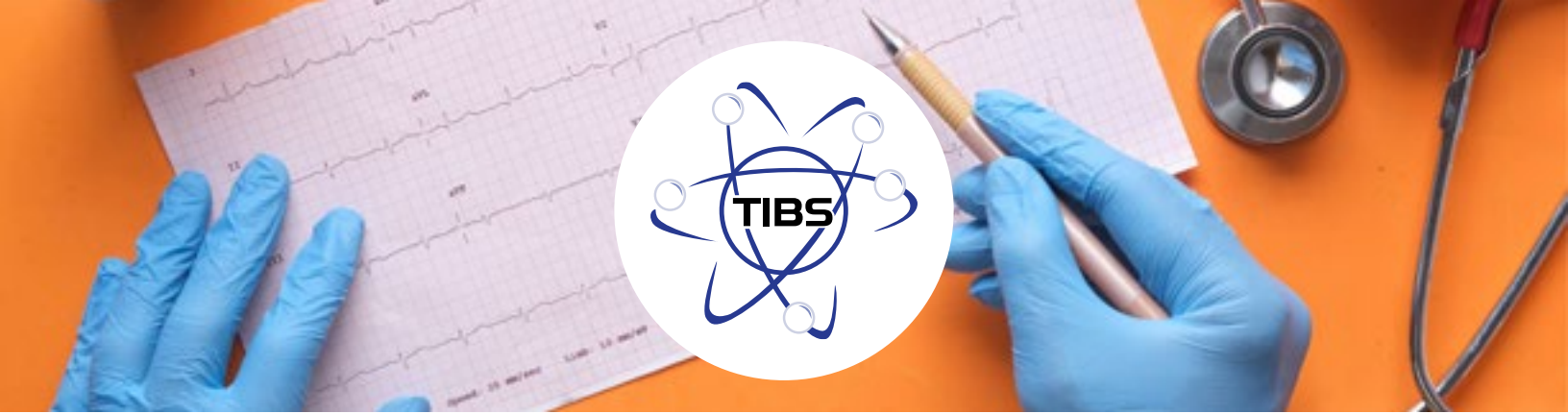
6. Briefly explain your reasons for applying to the TIBS Internship Program. Please include specific objectives and expected benefits of the internship.

7. Requested dates for Internship (The TIBS System only accepts interns for a minimum of 6 weeks and a maximum of 24 months)

From: _____ To: _____

8. Preferred hours for Internship (please check one)

Full-time (40 hours per week) Part-time (please specify the hours requested and why below):



9. Statement of understanding of the conditions of the Internship

I understand that, should I be accepted as an intern in TIBS, the following conditions will apply:

- a) **Status:** Although not considered a TIBS staff member, I shall be subject to the authority of the Administrator and the authority delegated by him to the Senior TIBS management.
- b) **Financial Support:** I shall be paid by the TIBS and but must make my own arrangements for living expenses. Travel costs to and from the duty station and living accommodation are also my own responsibility or those of the sponsoring institution.
- c) **Medial Health and Life Coverage:** TIBS accepts no responsibility for costs or fatality arising from illness or accidents incurred during the internship; therefore, I must carry adequate and regular medical and life insurance. I will be covered by the following health and life insurance during the internship period (your application will not be processed unless you provide this information!).

Medical:

Life:

- d) **Passports and Visas:** I am responsible for obtaining necessary passport and visas when required. TIBS will issue only a letter stating acceptance of an individual as an intern and the conditions governing the internship.
- e) **Confidentiality and Publication of Information:** As an intern, I will respect the confidentiality of information that I collect or am exposed to at TIBS. No reports or papers may be published based on information obtained from TIBS without the explicit written authorization of the president of TIBS .
- f) **Employment Prospects:** The TIBS Internship Program is not connected with employment and there is no expectancy of such. However, Interns can apply for posts advertised internally to TIBS staff during the period of internship.

Signed: _____ Date: _____

PLEASE MAIL THIS COMPLETED FORM TO:

The Intuitive Biomedical Solution
P.O. Box 644 Bryant, AR 72089

**OR SCAN THE COMPLETED FORM
AND EMAIL TO:**

careers@tibscorp.com