

Internship Program 實習計劃 Confirmation Form 公司確認表

CA-005-F-SCS

公司名稱		
公司名稱 Company Name		
聯絡人 Contact Person	電話	
Contact Person	Tel No.	
-		

學生姓名 Student Name	學生編號 Student ID	學生聯絡電話 Student contact no.	實習部門 Department	實習期及每天工作時間 Internship period & Daily Working Hours	實習地點 (室內/室外) Working location (indoor /outdoor)	補貼 (如適用) Subsidy (If any)

註:如填寫位置不足,請自行增加紙張。

Note: Please attach extra pages to the form if it is not enough.

收集個人資料聲明 Personal Data Collection Statement

• 澳門大學根據第1/2006號法律作為一所公立高等教育機構,將處理在本表格內所收集的個人資料作舉辦活動、提供服務及聯絡之用。

The University of Macau being a public institution of higher education as set in Law No. 1/2006, will process the personal data collected on this form for activity organisation, service providing and contact purposes.

• 基於活動或服務所需,上述個人資料有可能轉交本澳或外地相關機構。

Due to the needs of the activity or service, the personal data on this form may be transferred to other organisations in or outside Macao.

• 申請人有權依法申請查閱、更正或更新其存於本校的個人資料。

The applicants have the right to access, rectify or update their personal data stored at UM.

• 電子網絡傳送的個人資料有可能被未經許可的第三者盜用。

The personal data circulated on the network may be at risk of being used by unauthorized third parties •

請把填妥之表格回覆至 sao.career@umac.mo;查詢:8822 4839 Please return completed form via email: sao.career@um.edu.mo; for enc	quiries: 8822 4839
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 日期 Date	簽名及公司蓋章 Signature & Company Chop