

## Bordeaux Internship Programme 2020

### Application Form

(Application Closing Date: 30 April 2020, 6:00pm)

1. Applicant must be nominated by their home university/education institute/school/faculty. Application without endorsement will not be considered.
2. Applicant should read the Application Guidelines carefully before completing this form. By submission of this form the submitting applicant confirms having read, fully understood and the intention to be bound by the Application Guidelines.
3. Please type or use ball pen to fill in the application form. If there is insufficient space, please give details on a separate sheet to be attached to the application form.
4. The Application Form must be completed in English. Incomplete application will not be considered.
5. Applicant should submit the application form and the document required via email at [bordeauxinternship@altayagroup.com](mailto:bordeauxinternship@altayagroup.com). Applicants can submit the hyperlink of Google Drive or Dropbox if the file size is big. The Application should include:
  - i. The application form;
  - ii. A passport photo (in e-format);
  - iii. A 2 mins self-introduction video (in English, including the reason for joining this trip; your experience in wine; and how could this experience benefit you in this future);
6. Late applications, application form and applications that fail to meet the requirement of the Application Guidelines will not be processed.

#### Personal Details

Full Name (English): (as on HKID)	(Last Name)	(First Name)	
Full Name (Chinese): (as on HKID)	(姓氏)	(名字)	
Date of Birth:		Gender:	
HKID No.:			
Passport No.:	(HKSAR / BNO)	Expiry Date:	
Residential Address:			
Contact Number:	(Mobile)	(Home)	
E-mail :			
Name of University/ Education Institute:			
Current Academic Year & Programme (Faculty and Curriculum):			

**Academic Background**

Year	School/College	Curriculum	Achievement (e.g. Cumulative GPA, HKDSE/HKALE scores)

**Extra-curriculum Activities**

Date (Month/Year)		Institution/ Organization	Position Held	Awards/ Responsibilities
From	To			

**Professional Qualifications**

Date (Month/Year)		Institution/ Organization (Please specify country)	Major Subject/ Field of Study (Please specify mode of attendance; e.g. Full-time/ Part-time/Distance Learning etc.)	Qualifications/ Awards/Distinctions/ Grade Obtained/ to be Obtained
From	To			

**Voluntary Work**

Date (Month/Year)		Name of Organization (Please specify country)	Position Held	Main Responsibilities
From	To			

**Work Experience**

Date (Month/Year)		Name of Organization (Please specify country)	Position Held	Main Responsibilities
From	To			

**PERSONAL DATA**

- a. The applicant shall keep all submitted personal data and materials updated and current and authorizes Altaya Group International Limited (AGIL) to use, publish and disclose such data and materials and related activities for administration and for educative or exemplary publicity as a necessary part of the general transparency policy of the Programme.
- b. The applicant is fully aware and acknowledges that all data are supplied to AGIL for the purposes of and in connection with:
  - i. application for “Bordeaux Internship Programme 2020”;
  - ii. the direct purposes of maintaining, reviewing, assessing, and promoting “Bordeaux Internship Programme 2020”;
  - iii. issuing e-news on the latest activities and publications of AGIL. If you do not wish to receive e-news, information on promotional activities and various publications of AGIL, please tick here:  ; and
  - iv. archiving by AGIL for its own internal reference and record.

**DECLARATION**

- a. I have read the Application Guidelines for the “Bordeaux Internship Programme 2020” and I confirm that I fully understand and comply with the said Guidelines and that they are incorporated into this Application.
- b. I declare that all the information given in this Application is true, correct and complete at the date given below and will not be amended without the prior written approval of AGIL.
- c. I confirm that in making this application I shall be bound by and accept the decision of AGL and any assessment panel appointed by it for evaluation of this application based upon the criteria as set out in the Application Guidelines.

I hereby confirm and accept the above terms and conditions.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

**Nominator Endorsement**

Name of Nominator:	
Name of University/ Education Institute & Job Title:	
Address:	
Daytime Contact No.:	
E-mail:	
How long you have known this applicant?	
Relationship with nominee	

\_\_\_\_\_

Nominator’s Signature

\_\_\_\_\_

Date