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SAMUEL JACKMAN PRESCOD POLYTECHNIC

Wildey, St. Michael, Barbados. W. I.

Tel: (246) 535-2200 PBX Fax: (246) 535-2361

**Partner’s Participation Approval Form**

**MECHANICAL MAINTENANCE**

**NAME OF COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAX NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please delete the section which does not apply and complete the other sections.

1. We **are / are not** willing to participate in the Industrial Attachment Program during the **8th May 2020 – 16th June 2020.**

2. The number of students that we are willing to accommodate is ………………

3. The student(s) will be apprenticed in the area(s) of:

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**Name** **Position**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

**Please indicate the items you are expecting the interns to have while on the internship.**

1. Health and Safety Equipment

Hard hat

Safety goggles

Steel tip shoes

Gloves

1. Tools and Equipment

Basic tool kit

Measuring tape

1. Other (please specify)

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1. Kindly state any other specification

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