



WORK PLACEMENT PROFILE

wuc - 031
Second edition

Cooperative Education: Walailak University

In use from

Please complete and return this form

We are interested in participating in the work placement programme.

1 Information on Enterprise/Organization

◆ **Name of enterprise/organization** _____

◆ **Type of legal entity** Government agency Private business
 State enterprise Other _____

◆ **Address** No _____ Soi _____ Street _____ Thumbon/Sub-district _____
 District _____ Province _____ Postal code _____
 Telephone _____ Facsimile _____ E-mail _____

◆ **Products/type of business operation** _____

◆ **Number of employees** _____

◆ **Manager/Supervisor of the enterprise**
 Name (Mr/Mrs/Miss/Ms) _____
 Position _____ E-mail _____

◆ **Preferred channel of communication with the enterprise**
 Direct contact with Manager/Supervisor
 Through an authorized person
 Name (Mr/Mrs/Miss/Ms) _____
 Position _____ Department _____
 Telephone _____ Facsimile _____ E-mail _____

2 Position descriptions and requisite knowledge and skills for job performance

Programme/Course _____

Proposed work placement
 Position _____ Number of student placements _____

◆ **Requisite knowledge and skills** _____

◆ **Tasks to be performed** _____

◆ **Other special conditions (if any)** _____

◆ **Work placement location** _____

◆ **Start date** _____ **Finish date** _____

3 Preferred selection process

- Walailak University undertakes the selection process and advises the enterprise/organization of the qualified students' names and details one month before work placement start date
- The enterprise will select qualified students on the basis of application forms forwarded to it by Walailak University
- The enterprise wishes to interview applicants on __ (date) _____ (month) _____ (year) _____

4 Staff welfare entitlement

◆ Staff welfare benefits available during work placement

- **Pay** Yes Daily _____ Baht/Day
 Monthly _____ Baht/Month
 No

- **Accommodation** Yes Free of charge
 Payment required
 No

- **Transportation to and from work place**
 Yes Free of charge
 Payment required
 No

- **Other benefits (please specify)** _____

Signed _____
(_____)

Position _____

Date _____

Center for Cooperative Education and Career Development

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