

## Host Organisation: Expression of Interest

This form is for providers who offer internship opportunities to students currently enrolled at The University of Queensland. This form is intended to help us find out more about how we can work together to provide more opportunities for UQ students to access experiential learning opportunities, including Work Integrated Learning (WIL) and Work Experience. Please complete the form below.

If the organisation has been in the industry for 10+ years and is **NOT** a Third-Party Provider, this form may not be required; please contact the [Student Employability Centre](#) directly.

---

**Company Name:**

**Name of Company owner:**

**Website:**

**Details of the person completing this form**

- Name:
- Title and Position:
- Phone:
- Email:

**Please answer the following questions about your company**

1. ABN / Registered Company Name and registration number  
*\*Only legally registered organisations will be considered.*  
ABN / Registered Company Name  
Registration number
2. Are you a UQ alumnus?      YES      NO
3. Are you or any of your immediate family members currently employed at UQ?  
YES      NO (If yes, please provide details)
4. Have you engaged with UQ before?      YES      NO  
(If yes, who and when? Please provide details)
5. Has a UQ staff member visited your office?      YES      NO  
(If yes, specify name)
6. Are you interested in partnering with UQ in other areas?      YES      NO  
(If yes, specify)
7. Have you been in the registered business for the last three years?      YES      NO
8. Years active in Australia?      < 1      1~2      2~3      3~4      4~5      5~10      10+
9. Please list Australian Universities with which you currently partnered. Please also indicate the year of when the partnership commenced. (E.g. Monash University, 2015)
10. How many UQ students have previously participated in your experience?
11. Briefly describe the type of experiences you offer, and any special areas of expertise: