**Student Internship Programme**

**Evaluation on the Student Internship Programme**

To enable us to better execute the Student Internship Programme (“SIP”), your feedback is much appreciated. This evaluation should be completed by a member of the Participating Employer (“PE”) who had considerable direct involvement in the SIP process.

Please rate (🗹) the IP using the scale below. Rate N/A for not applicable or not enough information to form a judgement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Very Dissatisfied** | **Somewhat Dissatisfied** | **Neutral** | **Somewhat Satisfied** | **Very Satisfied** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Internship Programme Calendar** | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. **Are you satisfied with the timing and/or duration of the following activities?**
 |
| 1. Submission of Employer Application and Internship Positions
 |  |  |  |  |  |  |
| 1. Receipt of Student Applications
 |  |  |  |  |  |  |
| 1. Timing of the Recruitment/Selection Process

(Employers to determine their schedules in light of own business considerations after receipt of student applications) |  |  |  |  |  |  |
| 1. Recruitment/Selection Process of other student applications for any unfilled positions in the event where no suitable candidate is identified in (c) above (if applicable)
 |  |  |  |  |  |  |
| 1. Internship Placement

(at least 1 month, reimbursable up to 3 months) |  |  |  |  |  |  |
| Additional Comments(*e.g. Any major difficulties/constraints encountered in execution? Any improvement suggestions?*) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Support for Participating Employers** | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. **Are you satisfied with the support rendered by the implementation team?**
 |
| 1. Clear communication on SIP features
 |  |  |  |  |  |  |
| 1. Promptness in responding to enquiries
 |  |  |  |  |  |  |
| 1. Quality of advice given
 |  |  |  |  |  |  |
| 1. Timeliness in resolving issues
 |  |  |  |  |  |  |
| 1. Professionalism in accommodating reasonable requests
 |  |  |  |  |  |  |
| Additional Comments |

**Evaluation on the Student Internship Programme** (cont’d)

Please rate (🗹) the SIP using the scale below. Rate N/A for not applicable or not enough information to form a judgement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Very Dissatisfied** | **Somewhat Dissatisfied** | **Neutral** | **Somewhat Satisfied** | **Very Satisfied** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Process Management** | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. **Are you satisfied with the following workflow/activities?**
 |
| 1. Administrative formalities regarding the application / eligibility vetting process
 |  |  |  |  |  |  |
| 1. Support on managing the company profile and job information posted on online application portal
 |  |  |  |  |  |  |
| 1. Discretion exercised by employers on how to pace the recruitment/selection schedule
 |  |  |  |  |  |  |
| 1. Follow-up on the recruitment process by HKSI Institute
 |  |  |  |  |  |  |
| 1. Liaison support rendered in arranging non-overlapping internship periods of the student for more than one position (if applicable)
 |  |  |  |  |  |  |
| 1. Employer briefing(s) prior to internship commencement
 |  |  |  |  |  |  |
| 1. Arrangements of random pulse checks/ random workplace visits on interns
 |  |  |  |  |  |  |
| 1. Maintain regular communication with employers regarding status monitoring on interns during their placement
 |  |  |  |  |  |  |
| 1. Action taken to handle complaints on students (if applicable)
 |  |  |  |  |  |  |
| Additional Comments(*e.g. Any major difficulties/constraints encountered in execution? Any improvement suggestions?*) |

**Evaluation on the Student Internship Programme** (cont’d)

Please rate (🗹) the SIP using the scale below. Rate N/A for not applicable or not enough information to form a judgement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Very Dissatisfied** | **Somewhat Dissatisfied** | **Neutral** | **Somewhat Satisfied** | **Very Satisfied** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Usefulness**  | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. **Are you satisfied with the SIP in**
 |
| 1. meeting your expectations?
 |  |  |  |  |  |  |
| 1. the number of applications received from students?
 |  |  |  |  |  |  |
| 1. the quality of applicants?
 |  |  |  |  |  |  |
| 1. recruiting the right student(s) for your internship position(s)?
 |  |  |  |  |  |  |
| 1. identifying talent pipeline for your company?
 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. **Overall Performance (Please rate)**
 |  |  |  |  |  |  |
| Additional Comments |

|  |
| --- |
| 1. **Will your company consider participating in the SIP in the future (if any)?**
 |
|

|  |  |
| --- | --- |
| 🞎 Yes[[1]](#footnote-1) | 🞎 No |

 |

|  |  |
| --- | --- |
| Evaluator’s Information |  |
| Name |  |  | Position Title |   |
|   |  |   |  |   |
|  |  |  |  |  |  |
|  | Original signature of Evaluator |  | Company Chop |  | Date |

Thank you for completing this evaluation.

1. These are only indicative for the HKSI Institute’s planning purpose. The HKSI Institute will approach potential employers formally for internship positions nearer the time. [↑](#footnote-ref-1)