UNHCR

### Internship Scheme

# *APPLICATION FORM*

## (YOU WILL BE CONTACTED *ONLY IF* UNHCR WISHES TO PURSUE THIS APPLICATION).

## You may also be asked to provide copies of this form to interested work units/offices at a later stage.

|  |  |  |
| --- | --- | --- |
|  Family Name   | First/Given Name  | Gender (M/F) |

|  |  |  |
| --- | --- | --- |
| Date of Birth (Day/Month/Year)  | Place of Birth | Present Nationality  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date available for internship. | From: |  | To: |  |
| Are you interested in a part-time internship? Yes ( \* ) No ( ) |

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| --- |
| What are your preferred areas of work? 1**/**  |
|  |  |
| Preferred country(s) of work?  |  |
| What are your objectives in undertaking an internship with UNHCR? |  |
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Languages - Mother tongue: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language Competence: | Read | Write | Speak | Understand |
| (specify) | Easily/Not Easily | Easily/Not Easily | Easily/Not Easily | Easily/Not Easily |

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*1/ Select one (or up to five) area(s) :*

Refugee protection (legal) – Logistics – Water/sanitation – Community & social services – Medical/health – Administration/finance – Project management - Research/policy analysis – Training – Human Resources -Translation & other language support – Editing/publications – Public information/external relations –

Fund raising/donor support –– Information technology – Emergency preparedness & response – Field work - Geographic Information System (GIS)

- 2 -

Higher Education (College and/or University, or equivalent)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Institution(Name, Place, Country) |  | Month/Year Attended |  | Degrees Obtained |  | Major Subjects of Study |
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Degree(s) Expected:

Career Plans:

Employment: Please describe any previous practical experience you may have had.

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- 3 -

References: List three persons, not related to you, who are familiar with your character and qualifications.

Full Name Full Address Business or Occupation

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| **Your Address:** |
|  |
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| Telephone No.: | E-mail Address: |

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|  Insurance: I hereby confirm that I hold a health/accident insurance policy with the  |

|  |  |  |
| --- | --- | --- |
|  | Company. My policy number is |  |

|  |  |
| --- | --- |
| In case of emergency notify: Name: |  |
| Address/Telephone:  |

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  Signature |  |  Date |

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