

UNHCR MALAYSIA INTERNSHIP APPLICATION FORM

Due to the high volume of applications received, UNHCR will only contact candidates that have been shortlisted.

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:

Is your internship sponsored by an institution i.e. will you receive financial support from the institution for the duration of your internship? (Note that UNHCR will request proof of sponsorship)

What are your preferred areas of work?¹

Preferred country(s) of work?

What are your objectives in undertaking an internship with UNHCR?

Languages: Mother tongue: _____

Language Competence: (specify)	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
	<u>Easily/Not Easily</u>	<u>Easily/Not Easily</u>	<u>Easily/Not Easily</u>	<u>Easily/Not Easily</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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)

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

<u>Institution</u> (Name, Place, Country)	<u>Month/Year</u> <u>Attended</u>	<u>Degrees Obtained</u>	<u>Major Subjects of Study</u>

Degree(s) Expected:

Career Plans:

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

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

Full Name

Full Address

Business or Occupation

Your Address:

Telephone No.:

E-mail Address:

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