

**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: \_\_\_\_\_

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

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> Attended	<u>Degrees Obtained</u>	<u>Major Subjects of Study</u>

Degree(s) Expected:

Career Plans:

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

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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