



# UNHCR

United Nations High Commissioner for Refugees  
Haut Commissariat des Nations Unies pour les Réfugiés

## Internship Scheme

### APPLICATION FORM

**DUE TO THE VOLUME OF APPLICATIONS RECEIVED, WE REGRET THAT WE CAN ONLY RESPOND TO THOSE APPLICATIONS WE WISH TO PURSUE.**

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 ( )

What are your preferred areas of work? *Select one area :*

Refugee protection (legal)

Administration/finance/Human Resources

Public information/external relations

\_\_\_\_\_

What are your objectives in undertaking an internship with UNHCR?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages - Mother tongue: \_\_\_\_\_

Language  
Competence:  
(specify)

Read

Write

Speak

Understand

Easily/Not Easily

Easily/Not Easily

Easily/Not Easily

Easily/Not Easily

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

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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, qualifications and performance at work.

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

a) I am covered by the NHS. My number is \_\_\_\_\_. OR:

b) 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

**Please return completed form to: UNHCR, Strand Bridge House, 138-142 Strand, London WC2R 1HH**