



# UNU-INWEH Internship Program Application Form

**Important Note:** This application form must be accompanied by a **cover letter** that includes a **brief statement of purpose**.

## PART I - TO BE COMPLETED BY THE STUDENT

<b>1. Family Name:</b>		<b>Given Name:</b>				
<b>2. Sex:</b> F ( ) M ( )						
<b>3. Date of Birth:</b> day/month/year	<b>4. Place of Birth:</b>	<b>5. Nationality:</b>				
<b>6. Permanent Address:</b>		<b>7. Present Address:</b>				
Tel:		Tel:				
Cell:		Fax:				
Email:		Email:				
<b>8. Please list a name of the person to be notified, in case of emergency.</b>						
Name:						
Address:						
Tel:						
<b>9. Insurance:</b>						
I hereby confirm that I hold a health/accident insurance policy as follows:						
Policy Number:						
<b>10. Knowledge of Languages:</b>						
Language	Read		Write		Speak	
	Easily	Not easily	Easily	Not easily	Easily	Not easily
English						
French						
Other:						
<b>11. Higher Education</b>						
Institution Name, place & country	Attendance from/to Mo./Year Mo./Year		Degree (Date awarded/expected)		Major subject of study	
<b>12. Employment:</b> Please provide your employment history.						

**13. Other Relevant Information**

- a) University scholarships or academic distinction:
  
  
  
  
  
  
  
  
  
  
- b) Publications (if any):
  
  
  
  
  
  
  
  
  
  
- c) Please indicate how you will be financing yourself for the duration of the internship?
  
  
  
  
  
  
  
  
  
  
- d) Have you ever been convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give full details in an attached statement.

**14. Internship Period:**

Please indicate your availability for the internship:

From: \_\_\_\_\_ To: \_\_\_\_\_

**15. References:**

Please list persons not related to you who are familiar with your qualifications and character, and who have agreed to forward a letter of reference directly to UNU-INWEH.

Full name & title                      Address

**18. I CERTIFY** that the foregoing statements and answers are true, complete and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This duly completed application – accompanied by a cover letter that includes a brief statement of purpose – must be forwarded to the United Nations University, Institute for Water, Environment and Health (UNU-INWEH), hosted at McMaster University, 175 Longwood Road South, Suite 204, Hamilton, Ontario L8P 0A1, CANADA  
Tel: (905) 667-5511; Fax: (905) 667-5510; Email: [contact@inweh.unu.edu](mailto:contact@inweh.unu.edu)

**PART II - TO BE COMPLETED BY THE NOMINATING INSTITUTION**  
**(Where applicable)**

Name of Institution/Organization: \_\_\_\_\_

nominates \_\_\_\_\_

to participate in the UNU-INWEH Internship Program in Hamilton under the conditions set out by UNU-INWEH.

Duration and timing of internship: \_\_\_\_\_

Purpose of candidate's proposed participation in the UNU-INWEH Internship Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Nominating Institution/Organization  
(Must be stamped with the official seal)

\_\_\_\_\_  
\_\_\_\_\_

Name of Certifying Official:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_