



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**.

REF NO if applicable:
UNU-INWEH/Intern _____

PART I - TO BE COMPLETED BY THE STUDENT

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

12. Employment: 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, 204-175 Longwood Road South, Hamilton, Ontario L8P 0A1, CANADA

Tel: (905) 667-5511; Fax: (905) 667-5510; Email: intern.at.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: _____