

**INTERNSHIP PROGRAMME**

**APPLICATION FORM**

**PART I -TO BE COMPLETED BY STUDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Family Name

      | Given Names      | 1. Gender

      | 1. Marital Status

      |

|  |  |  |
| --- | --- | --- |
| 4. Date of Birth       | 1. Place of Birth

      | 6. Present Nationality      |

|  |
| --- |
| 1. Are any of your relatives employed by a public international organization?

If answer is “yes”, which country? Yes [ ]  No [ ]  |
| NAME | Relationship | Name of international organization |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 8. Permanent Home Address | 9. Present Address |
|        |       |
|       |       |
|       |       |

 Telephone No:      Telephone No:

10. In case of emergency notify: Name:

 Address:

11. Insurance I hereby confirm that I hold a health/accident insurance policy with the:

       Company. My policy number is:

1. Knowledge of Languages:

|  | **Read** | **Write** | **Speak** | **Understand** |
| --- | --- | --- | --- | --- |
|  | Easily | Not Easily | Easily | Not Easily | Easily | Not Easily | Easily | Not Easily |
| English | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| French | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Arabic | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other(Specify) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

13. Highest Education (College and/or University or equivalent):

|  |  |  |  |
| --- | --- | --- | --- |
| Institution**(Name, Place and Country)** | **Years****Attended** | **Degree****Obtained** | **Major subjects****of Study** |
|                 | 20     -20     20     -20     20     -20      |                 |                 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Degree expected**  |  |
|       | 20     -20      |       |       |

1. Employment: Please describe any previous practical experience you may have had, giving full details of your duties. Use additional pages, if necessary:

1. Career Plans:

16. Other Relevant Information:

1. University scholarships or academic distinctions:

(b) Publications (if any) :

(c) Have you ever applied for regular employment with the PAM?

(d) Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)? Yes [ ]  No [ ]

 If “yes”, give full particulars of each case in an attached statement.

17. Date proposed for internship. From:       To:

18. Preferred work assignment. To facilitate placement, please indicate in order of preference the broad areas of activity within the PAM Secretariat for which you wish to be considered.

Administration: Specify if any [ ]

Public Information: Specify if any [ ]

Legal Affairs([ ] )Humanitarian Affairs([ ] );Economic Planning and Analysis([ ] ); History ([ ] )

Economic Projections([ ] ); Economic Development([ ] );Natural Resources ([ ] );Statistics ([ ] )

Social Science ([ ] ); Transnational Corporation ([ ] ); Fiscal and Financial Analysis ([ ] );

Energy Resources ([ ] ); Development Administration([ ] ); Disarmament ([ ] );Library ([ ] );

Other, Please specify:

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

|  |  |  |
| --- | --- | --- |
| Full Name | Full Address | **Business or Occupation** |
| 1.       |       |       |
| 2.       |       |       |
| 3.       |       |       |

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20. 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

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**PART II-** **TO BE COMPLETED BY NOMINATING/SPONSORING INSTITUTION OR ORGANIZATION**

Name of institution/organization:

Nominates/sponsors       to participate in the PAM ad hoc internship programme in Malta.

(1) Duration and timing of the internship:

1. Purpose of candidate’s proposed participation in the ad hoc internship programme:

|  |  |
| --- | --- |
| NAME AND ADDRESS OF NOMINATING/ SPONSORING INSTITUTION/ORGANIZATION                | NAME & TITLE OF CERTIFYING OFFICIAL(Please Print)     SIGNATURE OF CERTIFYING OFFICIALDATE |

This application form must be filled in and addressed to: **Administration and Protocol Service, Parliamentary Assembly of Mediterranean, PAM Office, Geneva, Switzerland –** **admin@pam.int****;** **secretariat@pam.int**