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	<p>C. Briefly describe the relationship between your academic program and preparation (e.g., courses taken , extracurricular projects pursued, etc.) and the professional experience to be provided by the internship placement:</p> <p>D. Indicate if you would prefer paid Internship? (Yes/No)</p> <p>E. What is the possible minimum amount you would accept? _____EURS</p> <p>F. In case a company/entity would offer you a training placement without payment would you consider it? Yes / No</p>																																
Dates proposed for the Internship	<p>From: (month/year)</p> <p>To: (month/year)</p> <p>Compulsory internship : Yes / No</p>																																
Indicate the reasons of your choice																																	
Education	<p><i>Give full details in reverse chronological order (starting from the latest).</i> <i>Give the exact name of the institution and title of degree in the original language.</i> <i>Do not include primary/secondary school if you have a university degree or equivalent.</i></p> <table border="1"> <thead> <tr> <th>Years</th><th>Institution (name, place)</th><th>Degree obtained</th><th>Main field(s) of study</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Years	Institution (name, place)	Degree obtained	Main field(s) of study																												
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Language skills	<p>Mother tongue:</p> <p><i>For languages other than mother tongue, enter appropriate letter from coding below to indicate the level of your knowledge.</i></p> <p>A- Professional Fluency: Able to converse actively at high level of fluency and prepare reports and papers B- Working Knowledge: Able to follow work-related discussions, use the telephone, and understand documents-grammar may be uncertain. C- Limited Knowledge: Able to understand simple conversations and written texts.</p> <table border="1"> <thead> <tr> <th>Language</th><th>Understand</th><th>Speak</th><th>Read</th><th>Write</th></tr> </thead> <tbody> <tr> <td>French</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Language	Understand	Speak	Read	Write	French																										
Language	Understand	Speak	Read	Write																													
French																																	

	English				
	Spanish				
	Arabic				
	Other(s):				

Computer skills *For computer skills please check the box.*

Word processing:	<input type="checkbox"/>	Graphics/Image/Photo software:	<input type="checkbox"/>
Spreadsheets:	<input type="checkbox"/>	Financial software:	<input type="checkbox"/>
Data bases:	<input type="checkbox"/>	Web browser /E-mail:	<input type="checkbox"/>
Presentation software:	<input type="checkbox"/>	Other (s)software (Please specify below):	<input type="checkbox"/>

Please explain your proficiency in your computer skills:

Professional experience *List positions held in reverse order, (starting with the current/latest one):*

Date:		From:		(mm/yyyy)	
		To:		(mm/yyyy)	
Job title:					
Employer:	Name:				
	Address:				
	Tel:			Fax:	
	E-mail:				
Description of your duties and responsibilities:					

Date:		From:		(mm/yyyy)	
		To:		(mm/yyyy)	
Job title:					
Employer	Name:				
	Address:				
	Tel:			Fax:	
	E-mail:				
Description of your duties and responsibilities:					

Academic achievements	Please indicate any academic published works and other recognized achievements and/or any previous practical experience you may have, giving details of your duties.
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Medical Self Declaration

Do you have any physical disability or condition which may need taking into consideration in the workplace?

No ☐ Yes ☐ If "yes", please give full particulars

Insurance	<input type="checkbox"/> I hereby confirm that my application will be endorsed by my educational institution through a Memorandum of understanding which includes a health and accident insurance Or <input type="checkbox"/> I hereby confirm I hold an accident and health insurance policy Company Name (accident) : Company Address (accident) : Company Name (Health): Company Address (Health):
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References	<i>Optional : List persons not related to you, who are familiar with your character and qualifications</i> I°/ Name: Occupation/ Business, Title: Contact details: II°/ Name: Occupation/ Business, Title: Contact details: III°/ Name: Occupation/ Business, Title: Contact details:
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Potential Issues

Are you exercising/ have already exercised an offense that may be incompatible with an Internship within any establishment ?

No ☐ Yes ☐ If "yes", please give full particulars

A non-refundable administrative/ processing fee of 50EURS must be paid in advance. The additional admin fee of 50EURS is applicable if and only when the application is successful. Some of the activities and correspondences are jointly carried out with you the applicant.

I certify that my answers to the above questions are true, complete and correct to the best of my knowledge and belief.

Date: _____

Signature: _____