

tralac Internship Programme

Application Form

(Please write clearly, preferably typed)

PART I

1. APPLICATION INFORMATION

Surname:

First name/s:

Date of birth (day/month/year):

Nationality at birth:

Present nationality:

Gender:

Present address:

Permanent address:

Telephone:

Fax:

E-mail:



2. EMERGENCY CONTACT INFORMATION

In case of emergency, notify:

Surname:

First name:

Relationship:

Telephone:

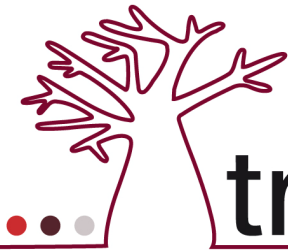
Address:

Fax:

E-mail:

3. INSURANCE

I hereby confirm that I hold a health/accident insurance policy with the following insurance company:



Company name:

Address:

Policy number:

4. HIGHER EDUCATION (COLLEGE/UNIVERSITY) AND LANGUAGE SKILL INFORMATION

1. Full title of degree:

Degree expected (m/y):

Study started (m/y):

Main course of study:

University name:

City:

Country:

2. Full title of degree:

Degree completed (m/y):

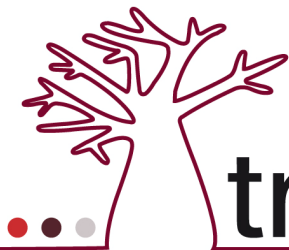
Study started (m/y):

Main course of study:

University name:

City:

Country:



3. Full title of degree:

Degree completed (m/y):

Study started (m/y):

Main course of study:

University name:

City:

Country:

Knowledge of languages:

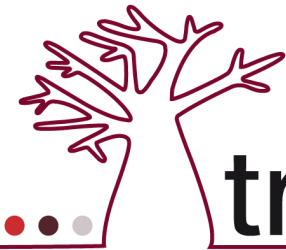
	Read Easily/Not easily	Write Easily/Not easily	Speak Easily/Not easily	Understand Easily/Not easily
English				
French				
Other (specify)				

5. INTERNSHIP INFORMATION

1. Please indicate the internship period you would like:

From:

To:



2. Previous employment/internship experience:

3. Indicate the computer software you often use:

6. OTHER RELEVANT INFORMATION

Have you ever been arrested, indicted, or summonsed to court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)? If yes, please explain and attach the release document from the authority:

.....

You will be requested to supply documentary evidence, which supports the statements, you have made above. Do not, however, send any documentary evidence until you have been asked to do so by **tralac**. Do not submit the original texts of references or testimonials unless they have been obtained for the sole use of **tralac**.

I certify that the statements made by me in answer of the foregoing questions are true, complete and correct to the best of my knowledge and belief and that I accept tralac's conditions for internship.

Signature:

Date: / /20

PART II

To be completed by the Nominating Institution

(Please write clearly, preferably typed)

1. Name of Nominating Institution/Organization:

2. Nominates/Sponsors:

To participate in **tralac**'s Internship Programme:

(1) Duration and timing of the internship:

(2) Intended purpose of candidate's proposed participation in the internship programme:

(3) We accept the conditions for the **tralac** internship:

Name and address of nominating/sponsoring Institution / Organization:

Name of certifying official (please print):

Signature of Certifying official:

DATE AND STAMP:

Please include at least one reference letter supporting the candidate's application and his/her motivation for the tralac internship.