## INSTRUCTIONS Please answer each question clearly and completely.

Type or print in **black** ink.

Attach a recent photograph

## ORGANISATION FOR THE PROHIBITION OF CHEMICAL WEAPONS





## INTERNSHIP APPLICATION FORM

PART 1 – TO BE COMPLETED BY THE STUDENT								
1. Family Name:			2. First Names:					
<b>3. Gender</b> (please select one): Male □ Female □			4. Date of Birth (dd/mm/yyyy)					
5. Place and country of birth:			<b>6. Citizenship</b> (please state all citizenships you hold, starting with your present country of citizenship):					
7. Permanent address:			8. Present address:					
Telephone:			Telephone:					
Fax:			Fax:					
E-mail address:			1					
9. Contact person	n in case of emergency:							
Name:	in case or emergency t		Rela	tion to you:				
Address				·				
Telephone:	(Daytime) (Evening)							
E-mail address:								
10. Source of me	ome during the interns	p.						
11. Knowledge of Languages:		Read	Write		Speak			
11. Knowieuge of	Languages.	Easily	Not easily	Easily	Not easily	Easily	Not easily	
English								
Other (please spec	rify):							
cine (precise spec	-957.							
What is your Mot								
12. Computer ski	ills/software used:				e of software			
			Good	Medium			None	
Windows								
Word			<u> </u>					
Excel								
Powerpoint								
Access Database								
Other(please spec	ify):							

13. Higher Education (College	/ University)				
Institution	Attended from	n / to	Degree Obtained	Major Subject of Study	
Name Place and Country	Attended Iron	117 10		Major Subject of Study	
Name Flace and Country	Month/Year	Month/Year	Obtained		
	(mm/yy)	(mm/yy)			
	(IIIII ) ) )	(IIIII J J )			
			Degree		
			Expected		
14 Employments Places deser	iba any mayia	va mmaatiaal aym	amianaa yyay mayy h	very had giving full details of your	
			erience you may r	have had, giving full details of your	
duties. Please attach additional s	heet(s) if necess	sary			
15 C					
15. Career plans:					
16.04					
16. Other relevant Information					
(a) University scholarships or ac	ademic distinct	ions			
(b) Publications (if any)					
(o) I doneations (if any)					

c) Have you ever been arrested, indicted, or summoned in convicted, fined or imprisoned for violation of any law (exclude	
If yes, please give full details in an attached statement.	
17. Purpose of the internship	
Please attach an essay explaining in 300-500 words the ob- internship. This should include either information on a proje- you hope to acquire. Please also state the proposed duration of	ect you wish to pursue, or the type of work experience
18. Internship period	
Please give an indication of your dates of availability for an in	tomobin
Please give an indication of your dates of availability for an in	ternship.
19. References	
Please list three persons not related to you, who are familiar w	ith your character and qualifications:
Full name and title Address	Business or occupation
	<b>Dustriess</b> of coorpution
20. Medical Insurance	
<b>20.</b> Medical Insurance  In order to be eligible to be on an internship programme in the	e OPCW you need to be in possession of your own
In order to be eligible to be on an internship programme in the	
In order to be eligible to be on an internship programme in the medical insurance that covers the territory of The Netherlands	
In order to be eligible to be on an internship programme in the medical insurance that covers the territory of The Netherlands provide proof thereof.	Should you be selected for an internship you have to
In order to be eligible to be on an internship programme in the medical insurance that covers the territory of The Netherlands provide proof thereof.  I will ensure that I have a medical insurance that covers the territory of the territory of the netherlands.	Should you be selected for an internship you have to
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Please indicate any special requirements that your institution/organisation has for internships which may be relevant to this application
I CERTIFY that the candidate is enrolled in the institution-and is in good standing. The institution wishes to nominate the candidate for internship at the OPCW and approves the proposed programme and duration of the internship outlined by the candidate in paragraph 17 of this form.
Please affix official seal of the institution/organisation.
Name of certifying official
Signature
Date
Applicants please note:
The following documentation must be included when for an application for an internship at the OPCW:

- Duly completed Application for Internship form
- Authenticated transcripts of all courses taken listing the results achieved
- *An essay stating the purpose of the internship (300-500 words)*
- An authenticated copy of the university degree or a letter from the university if the university degree has not been issued yet, reflecting a graduation date within the past twelve months (only for applications from recent university graduates)

Original applications should be forwarded to:

The Recruitment Section, Human Resources Branch Organisation for the Prohibition of Chemical Weapons (OPCW) Johan de Wittlaan 32 2517 JR The Hague

The Netherlands Fax: 31-70-4163790 Tel: 31-70-4163757

Email: internships@opcw.org

Applications should be received AT LEAST THREE MONTHS prior to the proposed date of commencement of the internship.

Incomplete applications will not be considered.