



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**.

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, 175 Longwood Road South, Suite 204, Hamilton, Ontario L8P 0A1, CANADA
Tel: (905) 667-5511; Fax: (905) 667-5510; Email: contact@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: _____