**Internship Application Form**

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone** |  |
| **Address** |  |
| **Email Address** |  |
| **Nationality** |  |
| **Date of Birth** |  | **Gender** |  |
| **Period Of Proposed Internship** | **Internships at Asia Centre are on a full time basis. Mon- Fri (9am -5pm).****A minimum commitment of 3 months is preferred.** |
| **Start Date (dd/mm/yy)** |  |
| **End Date (dd/mm/yy)** |  |
| **Are you applying for a Research or Communications Internship** |  |
| **Are you currently applying for internships with other organisations?** |  |

**Passport Details**

|  |  |
| --- | --- |
| **Full name as in Passport****if different from above)** |  |
| **Passport No** |  | **Date Issued** |  |
| **Place Issued** |  | **Date of Expiry** |  |
| **Visa Status** |  |

**Educational Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution, Country** | **Years Attended** | **Qualification Obtained or Expected\***  | **Course of Study** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*(Please include expected date of graduation)

**Work Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation, Country** | **Duration of employment** | **Position** | **Key Areas of Work** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other Relevant Information (Scholarships, Courses,Publications if any)**

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|  |

**What do you hope to get out of this internship? (Please specify if you are interested in a Communications or Research Internship)**

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|  |

**Language Proficiency**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Proficiency in English** | **Beginner** | **Intermediate** | **Advanced** |  | **Other Languages Known** |
| **Written** |  |  |  |  |
| **Spoken** |  |  |  |
| **Comprehension** |  |  |  |

**Skills**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Writing** |  | **Communications** |  |
| **Academic Research** |  | **Video Editing** |  |
| **Graphic Design** |  | **Wordpress** |  |
| **Others (Please Specify)** |  |

**Emergency Contact**

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone**  |  |
| **Relationship** |  |

**I certify that the information above is true, complete and correct to the best of my knowledge and belief.**

**Signature: Date:**