



INTERNSHIP APPLICATION

LAST NAME	
FIRST NAME	
NATIONALITY	
TELEPHONE NUMBERS	
PERMANENT ADDRESS	
EMAIL	
DATE OF BIRTH	
Are any of your relatives employed by a UN organization? If yes, please provide name and organization	
FULL TITLE OF DEGREE CURRENTLY PURSUING	
STUDY STARTED	
EXPECTED GRADUATION DATE	
UNIVERSITY NAME	
LANGUAGES	
AVAILABILITY DATE:	

I hereby confirm that I hold health and accident insurance policies with the following insurance company (NOTE: If you presently do not have such policies, proof of proper insurance must be provided upon offer of internship)

HEALTH INSURANCE	
LIFE/ACCIDENTAL INSURANCE	DEATH

CONDITIONS GOVERNING THE UNFPA INTERNSHIP PROGRAMME

- ☐ **Status:** Although not considered a staff member of UNFPA, I shall be subject to the authority of the Executive Director and the authority delegated by her to the Division Directors and Chiefs of Offices. I understand that I am not entitled to the privileges and immunities accorded by member states to UNFPA, its officials and staff members.
- ☐ **Financial Support:** I shall not be paid by UNFPA and must make my own arrangements for living expenses. Travel costs and living accommodation are also my own responsibility.
- ☐ **Medical Health and Life Coverage:** UNFPA accepts no responsibility for costs or fatality arising from illness or accidents incurred during my internship; therefore, I must provide proof of adequate and regular medical and life insurance.
- ☐ **Passports and Visas:** I am responsible for obtaining necessary passport and visas when required. UNFPA will issue only a letter stating acceptance of an individual as an intern and the conditions governing the internship.

- ☐ **Employment Prospects:** The UNFPA Internship Programme is not connected with employment and there is no expectancy of such. *Interns cannot apply for posts advertised internally to UNFPA staff during the period of internship.*
- ☐ **Obligations:** To conduct myself at all times in a manner compatible with my responsibilities as a holder of a UNFPA internship;
- ☐ **Confidentiality and Publication of Information:** As an intern, I will respect the confidentiality of information that I collect or am exposed to at UNFPA. No reports or papers may be published based on information obtained during the programme, except with the explicit written authorization of the Division Director from UNFPA.
- ☐ **Attendance:** I shall provide written notice in case of illness or other unavoidable circumstances which might prevent me from fulfilling my obligations.

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. I understand that any misrepresentation or material omission made on this form or other document requested by UNFPA renders me liable to termination or dismissal.

Date:	Signature
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