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Shibuya-ku, Tokyo 150-8925  
Japan



UNITED NATIONS  
UNIVERSITY

Tel: (+81) 3-5467-1307  
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## APPLICATION FORM

Internship Programme at the Office of the Rector

### PART I - TO BE COMPLETED BY THE APPLICANT

**1. INTERNSHIP PERIOD:**

(Fill in the starting year and select the term for which you are applying.)

Year:                      Term:  Fall (September-December)  Spring (February-May)

**2. FAMILY NAME**

FIRST NAME(S)

**3. SEX**

F  M

**4. AGE**

**5. DATE OF BIRTH**

(yyyy-mm-dd)

**6. PLACE OF BIRTH**

(municipality, country)

**7. NATIONALITY**

(if more than one, indicate all)

**8. PERMANENT ADDRESS**

**9. PRESENT ADDRESS (if different from 8)**

Telephone No. (+ ) -

Telephone No. (+ ) -

**10. E-MAIL ADDRESS**

Primary:

Secondary:

**11. EMERGENCY CONTACT (Please list a name of the person to be notified, in case of emergency)**

Name

Address

Telephone No. (+ ) -

E-mail:

**12. INSURANCE: I hereby confirm that I hold a health/accident insurance policy as follows:**

Policy Number:

**13. KNOWLEDGE OF LANGUAGES: What is your mother tongue?**

Other Languages	Read			Write			Speak		
	Very well	Well	Fair	Very well	Well	Fair	Very well	Well	Fair
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. HIGHER EDUCATION: List your university or equivalent education, starting with the most recent.**

Institution (name, country)	Period attended		Type of Degree (awarded or expected)	Major subject of study
	(mm/yyyy)	(mm/yyyy)		

**15. EMPLOYMENT:**

List your employment history starting with your most recent position. Provide additional work experience on an attached sheet if applicable. Use your resume or c.v. to expand on specific work duties.

Period (mm/yyyy)		Description		Place Country, State/Province/etc.
from	to	Position	Employer	


16. OTHER RELEVANT INFORMATION

- a) University scholarships or academic distinctions:
- b) Have you published any reports, documents, articles, etc.? (if yes, please specify below) Yes:  No:
- c) Have you ever applied for regular employment with the United Nations?  
No  Yes   
If yes, provide: date(s); position(s)
- d) Have you ever been convicted, fined or imprisoned for the violation of any law?  
(excluding minor traffic violations)  
No  Yes  If yes, please give full details in an attached statement.

17. AREAS OF INTEREST:

If given the opportunity, indicate the priority areas of the University in which you would be interested to work. Indicate your top three choices, 1 being your first choice. You may leave the other sections blank.

- \_\_\_ Fundraising
- \_\_\_ Internal/external communication
- \_\_\_ UNU postgraduate degree programmes
- \_\_\_ Twinning initiative
- \_\_\_ Quality assurance
- \_\_\_ Programme/project management

18. REFERENCES:

Please list two persons not related to you who are familiar with your qualifications and character, and who have agreed to write a letter of reference on your behalf.

Full name	Title and affiliation	Relationship to applicant
1.		
2.		

19. ACADEMIC CREDIT

Will you use this internship to earn credits for your current studies? If yes, please fill in Part II (below) of this form and submit with your application.

Yes:  No:

**I CERTIFY** that the foregoing statements and answers in this application form and attached documents are true, complete and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This duly completed application and accompanying documents are to be forwarded to the Office of the Rector Internship Committee, c/o Will Argetsinger. Only complete applications will be considered.

Applications may be submitted via one of the following methods:

Post: United Nations University  
5-53-70, Jingumae, Shibuya-ku  
Tokyo 150-8925, Japan  
Fax: (03)3499-2828  
Email: ro\_internship@unu.edu

**PART II - TO BE COMPLETED BY THE NOMINATING INSTITUTION**  
(For applicants seeking academic credit for their participation)

\_\_\_\_\_ hereby nominates \_\_\_\_\_  
(name of the nominating institution) (name of the applicant)

to participate in the United Nations University Internship Programme at the Office of the Rector in Tokyo under the conditions set out by the United Nations University for the following term:

Starting Year: \_\_\_\_\_ Term:  Fall (September-December)  Spring (February-May)

Purpose of candidate's proposed participation in the Internship Programme at the Office of the Rector:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Nominating Institution/Organization  
(Must be stamped with the official seal)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact person:  
Tel:  
Email:

\_\_\_\_\_  
(printed name of certifying official)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)