



**UNITED NATIONS  
UNIVERSITY**

**Internship Programme for the United Nations University Headquarters  
Application Form**

**PART I - TO BE COMPLETED BY THE STUDENT**

<b>1. Family Name:</b>	<b>Given Name:</b>
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<b>2. Sex:</b> F ( ) M ( )
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<b>3. Date of Birth:</b> day/month/year	<b>4. Place of Birth:</b>	<b>5. Nationality:</b>
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<b>6. Permanent Address:</b>	<b>7. Present Address:</b>
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Telephone No.:	Telephone No.:
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Fax No.:	Fax No.:
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E-mail:	E-mail:
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<b>8. Please list a name of the person to be notified, in case of emergency.</b>
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Name:
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Address:
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Telephone:
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<b>9. Insurance:</b>
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I hereby confirm that I hold a health/accident insurance policy as follows:
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Policy Number:
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<b>10. Knowledge of Languages:</b>
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Language	Read		Write		Speak	
	Easily	Not easily	Easily	Not easily	Easily	Not easily
English						
Japanese						
Other (Please specify):						

<b>11. Higher Education</b>
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Institution Name, place & country	Attendance from/to		Degree (Date awarded/expected)	Major subject of study
	Mo./Year	Mo./Year		

<b>12. Employment:</b> Please provide your employment history.
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**13. Career Plans:**

**14. Other Relevant Information**

- a) University scholarships or academic distinction:
  
- b) Publications (if any):
  
- c) Have you ever applied for regular employment with the United Nations?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give dates:
  
- 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.

**15. Internship Period:**

Please indicate your availability for the internship:

From: \_\_\_\_\_ To: \_\_\_\_\_

**16. Preferred Work Assignment:**

Please indicate by numbering in order of preference areas in which you would like to be considered for an internship.

Programme on Peace and Governance: \_\_\_\_\_  
Programme on Environment and Sustainable Development: \_\_\_\_\_  
United Nations University Press: \_\_\_\_\_  
Library: \_\_\_\_\_  
Rector's Office/Capacity-building: \_\_\_\_\_

**17 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.

Full name & Title	Address
_____	_____
_____	_____

**18.** I have read and fully understand the guidelines and conditions of the United Nations University Internship Programme, which include the following:

- (a) that there is no financial remuneration attached to the UNU internship and that all the expenses connected with it must be borne by me or my sponsoring Government or institution;
- (b) that I am responsible for obtaining necessary visas and arranging my travel to the United Nations University in Tokyo;
- (c) that the United Nations University accepts no responsibility for costs arising from accidents and/or illness incurred during my internship and that I must, therefore, provide proof of my enrollment in a health insurance plan.

**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 and accompanying documents must be forwarded to the United Nations University at the following address: Chair of the Internship Committee, UNU, 5-53-70, Jingumae, Shibuya-ku, Tokyo 150-8925, Fax: (03)3499-2828, [mbox@hq.unu.edu](mailto:mbox@hq.unu.edu)

**PART II - TO BE COMPLETED BY THE NOMINATING INSTITUTION**  
(Where applicable)

Name of Institution/Organization: \_\_\_\_\_

nominates \_\_\_\_\_

to participate in the United Nations University Internship Programme in Tokyo under the conditions set out by the United Nations University.

Duration and timing of internship: \_\_\_\_\_

Purpose of candidate's proposed participation in the United Nations University Internship Programme:

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

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

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

Name of Certifying Official:

\_\_\_\_\_

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

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