UNU-IIGH Building

UKM Medical Centre, Jalan Yaacob Latif, Bandar Tun Razak 56000 Cheras Federal Territory of Kuala Lumpur, Malaysia



Tel: +60 3-9171 5394 Email: <u>iigh-internship@unu.org</u>

Application Form

| UNU-IIGH Internship Programme | | | | | | |
|--|----------------|---|----------------|------------|--------|------------|
| PART I - TO BE COMPLETED BY THE APPLICANT | | | | | | |
| 1. Family Name | | | Given Name | | | |
| 2. Sex: ☐ F ☐ M ☐ | Specify (or le | eave blank) | | | | |
| 3. Date of Birth day/month/year 4. Place of Birth | | 5. Nationality | | | | |
| 6. Permanent Address | | 7. Present Address | | | | |
| | | | | | | |
| Telephone No.: | | | Telephone No.: | | | |
| E-mail: | | | E-mail: | | | |
| 8. Please list a name of the | person to be | notified, in ca | se of emerge | ncy | | |
| Name: | | | | | | |
| Address: | | | | | | |
| | | | | | | |
| Telephone: | | | | | | |
| 9. Insurance (only if non-re | | | | | | |
| I hereby confirm that I hold | a health/acci | dent insurance | policy as foll | ows: | | |
| | | | | | | |
| Policy Number: | | | | | | |
| 10. Knowledge of Language | | | · . | | Ι . | |
| Language | | ead | ļ | Vrite | | eak |
| | Easily | Not easily | Easily | Not easily | Easily | Not easily |
| English | | | | | | |
| Other (please specify): | | | | | | |
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| | | | | | | |
| | | | | | | |
| 11. Higher Education | | | • | | | |
| Institution Attendance from/to Name, place & country Mo./Year Mo./Year | | Degree Major subject of (Date awarded/expected) | | t of study | | |
| | | | | | | |
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| 12. Employment: Please pr | ovide vour em | nplovment hist | orv. | | | |

UNU-IIGH Internship Application Form

| 13. | Career Plans: Please provide a br | ief statement on career plans and deve | elopment. | | |
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| 14. | Other Relevant Information | | | | |
| a) | a) Areas of Interest: Indicate in broad terms which areas you are interesting in learning more about or willing to contribute. Indicate your <u>top three choices</u> , 1 being your first choice. You may leave the other sections blank. | | | | |
| | Events Management and Organization Research and Analysis Communications, Design and Media Institutional Development Executive Support | | | | |
| b) | b) University scholarships or academic distinction: | | | | |
| c) | Publications (if any): | | | | |
| d) | d) Have you ever applied for regular employment with the United Nations? □ Yes □ No If yes, please give dates: | | | | |
| e) 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 (month/year): | | | | | |
| | | | | | |
| From: To: | | | | | |
| 16. Where did you first learn about the UNU-IIGH Internship Programme? (check all that apply) | | | | | |
| □ a | u UNU website | ☐ from a professor | ☐ former intern | | |
| | programme brochure/flier | ☐ from a classmate or friend | ☐ other: (please specify below) | | |
| | our university career centre | ☐ social media (eg. FB, Twitter) | , | | |
| 17. As listed in the required documents, please separately include with this form, 1) a brief cover letter explaining your reasons for applying to the United Nations University Internship Programme, with specific objectives and expected benefits of the internship. Also please include 2) your most updated CV. | | | | | |

| 18. References: Please list TWO individuals not related to you who are familiar with your qualifications and character, and who contingent upon passing the interview phase of the selection process, have agreed to forward a letter of reference directly to UNU. | | | | | |
|---|---------|---|--|---|--|
| Full name & Title Address a | | Address and contact e-mail | Profession | | |
| Full name | & Title | Address and contact e-mail | Profession | | |
| | | ully understand the guidelines and clude the following: | conditions of the United Nations University Internship |) | |
| (a) that there is a stipend of MYR 1,000 attached to the UNU internship, but that otherwise all other expenses connected with it must be borne by me or a sponsoring Government or institution; (b) that I am responsible for obtaining necessary visas and arranging my travel to the United Nations University International Institute for Global Health, Kuala Lumpur, Malaysia; (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 International Insitute for Global Health at the following address: iigh-internship@unu.edu | | | | | |

| PART II - TO BE COMPLETED BY THE NOMINATING INSTITUTION (Not Mandatory – only for applicants choosing to apply through their institution) | | | | |
|---|---|--|--|--|
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| Name of Institution/Organization: | | | | |
| nominates | | | | |
| to participate in the United Nations University Internshi conditions set out by the United Nations University. | p Programme in Kuala Lumpur, Malaysia under the | | | |
| Duration and timing of internship: | | | | |
| Purpose of candidate's proposed participation in the United Nations University Internship Programme: | | | | |
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| Name and Address of Nominating Institution/Organization (Must be stamped with the official seal) | Name of UNU-IIGH's Internship Supervisor: | | | |
| | | | | |
| | Signature: | | | |
| | Date: | | | |
| | | | | |
| Acknowledged by | | | | |
| | | | | |
| Director of UNU-IIGH | | | | |