



UNU-IIGH Internship Application Form

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|---|---|---|-----------------------------------|------------------------|--------|------------|
| UNU-IIGH Building UKM Medical Centre, Jalan Yaacob Latif, Bandar Tun Razak 56000 Cheras Federal Territory of Kuala Lumpur, Malaysia |   UNITED NATIONS UNIVERSITY UNU-IIGH International Institute for Global Health | Tel: +60 3-9171 5394 Email: iigh-internship@unu.org | | | | |
| <h2 style="margin: 0;">Application Form</h2> <p style="margin: 0;">UNU-IIGH Internship Programme</p> | | | | | | |
| PART I - TO BE COMPLETED BY THE APPLICANT | | | | | | |
| 1. Family Name | | Given Name | | | | |
| 2. Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Specify (or leave 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 case of emergency | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| Telephone: | | | | | | |
| 9. Insurance (only if non-remote, on-site internship) | | | | | | |
| I hereby confirm that I hold a health/accident insurance policy as follows: | | | | | | |
| Policy Number: | | | | | | |
| 10. Knowledge of Languages | | | | | | |
| Language | Read | | Write | | Speak | |
| | Easily | Not easily | Easily | Not easily | Easily | Not easily |
| English | | | | | | |
| Other (please specify): | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 11. Higher Education | | | | | | |
| Institution Name, place & country | Attendance from/to Mo./Year Mo./Year | | Degree (Date awarded/expected) | Major subject of study | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 12. Employment: Please provide your employment history. | | | | | | |

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 and contact e-mail | Profession |
|-------------------|----------------------------|------------|
| _____ | _____ | _____ |

| Full name & Title | Address and contact e-mail | Profession |
|-------------------|----------------------------|------------|
| _____ | _____ | _____ |

19. 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 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 Institute 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) | |
|---|--|
| <p>Name of Institution/Organization: _____</p> <p>nominates _____</p> <p>to participate in the United Nations University Internship Programme in Kuala Lumpur, Malaysia under the conditions set out by the United Nations University.</p> <p>Duration and timing of internship: _____</p> <p>Purpose of candidate's proposed participation in the United Nations University Internship Programme:</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
| <p>Name and Address of Nominating Institution/Organization (Must be stamped with the official seal)</p> <p>_____</p> <p>_____</p> | <p>Name of UNU-IIGH's Internship Supervisor:</p> <p>_____</p> <p>Signature: _____</p> <p>Date: _____</p> |

Acknowledged by

Director of UNU-IIGH