



**CONDITIONS GOVERNING THE UNITED NATIONS
AD HOC INTERNSHIP PROGRAMME**

1. I accept the ad hoc internship, which has been awarded to me by the United Nations, and I am aware of the following:
 - a. That the United Nations will not pay me for my internship and that all the expenses connected with it must be borne by me or my sponsoring Government or institution;
 - b. That the United Nations accepts no responsibility for costs arising from accidents and/or illness incurred during my internship and that I must, therefore, provide proof of my enrolment in a health insurance plan;
 - c. That there is no expectancy of employment at the end of my internship and that I cannot apply for any position with the United Nations during the period of my internship and for the six months immediately following the expiration date;
 - d. That I am myself responsible for obtaining any necessary visas to the United Nations.

2. I undertake the following obligations with respect to the Ad Hoc Internship Programme:
 - a. To conduct myself at all times in a manner compatible with my responsibilities as the holder of a United Nations internship;
 - b. To keep confidential any and all unpublished information made known to me by the accepting office during the course of my internship and not to publish any reports or papers on the basis of information obtained during the programme, except with the authorization of the United Nations;
 - c. To provide written notice in case of illness or other unavoidable circumstances which might prevent me from completing the internship;
 - d. To complete the internship evaluation questionnaire at the end of the internship and to submit it to the Recruitment and Placement Section, Office of Personnel Services.

DATE

SIGNATURE OF INTERN

This application form must be filled in **DUPLICATE** and forwarded to: **The Human resources operations Section, Human Resources Management Service, Office S. 262, Palais des Nations, 8-14 Avenue de la Paix, 1211 Geneva 10, Switzerland.**



**AD HOC INTERNSHIP PROGRAMME
(GENEVA)
APPLICATION FORM**

PART I - TO BE COMPLETED BY STUDENT

1. Family Name	Given Names	2. Sex	3. Marital Status

4. Date of Birth (Day) (Month) (Year)	5. Place of Birth	6. Present Nationality

7. Permanent Home Address	8. Present Address

Telephone No. : _____ Telephone No. : _____
E-mail : _____

9. Are any of your relatives employed by a public international organization? Yes No
If answer is "yes", which country?:

Name	Relationship	Name of international organization

10. In case of emergency notify: Name: _____
Address: _____

11. Insurance I hereby confirm that I hold a health/accident insurance policy with the :
_____ Company. My policy number is: _____

12. Knowledge of languages: What is your mother tongue ? _____

	READ		WRITE		SPEAK		UNDERSTAND	
	Easily	Not Easily	Easily	Not Easily	Easily	Not Easily	Easily	Not Easily
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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13. Highest Education (College and/or University or equivalent):

Institution (Name, Place and Country)	Years Attended	Degree Obtained	Major subjects of Study
	20.. - 20..		
	20.. - 20..		
	20.. - 20..		
	20.. - 20..		
	20.. - 20..		
		Degree Expected	
	20.. - 20..		
	20.. - 20..		

14. Employment: Please describe any previous practical experience you may have had, giving full details of your duties. Use additional pages, if necessary:

15. Career Plans:

16. Other Relevant Information:

(a) University scholarships or academic distinctions:

(b) Publications (if any):

(c) Have you ever applied for regular employment with the United Nations?

d) Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?

Yes No

If "yes", give full particulars of each case in an attached statement.

17. Date proposed for internship: From _____ to _____

18. Preferred work assignment. To facilitate placement, please indicate in order of preference the broad areas of activity within the United Nations Secretariat for which you wish to be considered?

Administration : (Specify if any) _____

Public Information : (Specify if any) _____

Legal Affairs () - Humanitarian Affairs () - Economic Planning and Analysis () - History () - Economic Projections () - Economic Development () - Natural Resources () - Statistics () - Social Science () - Tran National Corporation () - Fiscal and Financial Analysis () - Internal audit () - Energy Resources () - Development Administration () - Disarmament () - Library () - Other ()

Please specify: _____

19. References: List three persons, not related to you, who are familiar with your character and qualifications.

Full Name	
Full Address	
Business or Occupation	

=====

20. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

SIGNATURE

DATE

PART II - TO BE COMPLETED BY NOMINATING/SPONSORING INSTITUTION OR ORGANIZATION

Name of institution/organization: _____

Nominates/sponsors to participate in the United Nations ad hoc internship programme in Geneva:

(1) Duration and timing of the internship: _____

(2) Purpose of candidate's proposed participation in the ad hoc internship programme:

NAME AND ADDRESS OF NOMINATING/
SPONSORING INSTITUTION/ORGANIZATION

NAME & TITLE OF CERTIFYING OFFICIAL

SIGNATURE OF CERTIFYING OFFICIAL

DATE