**Application for UNFPA Internship Programme**

1. Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Present University or Institutional affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Area of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Degree expected: \_\_\_\_\_\_\_Masters \_\_\_\_\_\_\_\_\_Other

5. Date degree will be granted (Day/Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Briefly explain your reasons for applying to the UNFPA Internship Programme.

Please include specific objectives and expected benefits of the internship

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7. Requested dates for Internship

(UNFPA only accepts interns for a minimum of 12 weeks and a maximum of 6 months)

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

8. Preferred hours for Internship (please check one)

\_\_\_\_\_\_\_\_\_Full-time (40 hours per week)

\_\_\_\_\_\_\_\_\_Part-time (please specify the hours requested and why below):

9. Statement of understanding of the conditions of the Internship

I understand that, should I be accepted as an intern in UNDP, the following conditions will apply:

a) Status: Although not considered a staff member of UNDP, I shall be subject to the authority of the Administrator and the authority delegated by him to the Heads of Offices. I understand that I am not entitled to the privileges and immunities accorded by member states to UNFPA, its officials and staff members.

b) Financial Support: I shall not be paid by UNFPA and must make my own arrangements for living expenses. Travel costs to and from the duty station and living accommodation are also my own responsibility or those of the sponsoring institution.

c) Medial Health and Life Coverage: UNFPA accepts no responsibility for costs or fatality arising from illness or accidents incurred during the internship; therefore, I must carry adequate and regular medical and life insurance. I will be covered by the following health and life insurance during the internship period (your application will not be processed unless you provide this information!).

Medical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Passports and Visas: I am responsible for obtaining necessary passport and visas when required. UNFPA will issue only a letter stating acceptance of an individual as an intern and the conditions governing the internship.

e) Confidentiality and Publication of Information: As an intern, I will respect the confidentiality of information that I collect or am exposed to at UNFPA. No reports or papers may be published based on information obtained from UNFPA without the explicit written authorization of the Head of Office.

f) Employment Prospects: The UNFPA Internship Programme is not connected with employment and there is no expectancy of such. Interns cannot apply for posts advertised internally to UNFPA staff during the period of internship.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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