



INTERNSHIP PROGRAMME

APPLICATION FORM

PART I - TO BE COMPLETED BY STUDENT

1. Family Name	Given Names	2. Gender	3. Marital Status
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4. Date of Birth	4. Place of Birth	6. Present Nationality
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7. Are any of your relatives employed by a public international organization?
If answer is "yes", which country? Yes No

NAME	Relationship	Name of international organization

8. Permanent Home Address	9. Present Address

Telephone No: _____ Telephone No: _____

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:

	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"/>
Arabic	<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 (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<u>Institution (Name, Place and Country)</u>	<u>Years Attended</u>	<u>Degree Obtained</u>	<u>Major subjects of Study</u>
_____	20 -20	_____	_____
_____	20 -20	_____	_____
_____	20 -20	_____	_____
<u>Degree expected</u>			
_____	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 PAM? _____

(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 PAM 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 (); Transnational Corporation (); Fiscal and Financial Analysis (); _____

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.

<u>Full Name</u>	<u>Full Address</u>	<u>Business or Occupation</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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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 PAM ad hoc internship programme in the Republic of San Marino.

- (1) Duration and timing of the internship: _____
- (2) Purpose of candidate's proposed participation in the ad hoc internship programme: _____
- (3) _____

NAME AND ADDRESS OF NOMINATING/
SPONSORING INSTITUTION/ORGANIZATION

NAME & TITLE OF CERTIFYING OFFICIAL
(Please Print)

SIGNATURE OF CERTIFYING OFFICIAL

DATE

This application form must be filled in and addressed to: **Administration and Protocol Service, Parliamentary Assembly of Mediterranean, PAM Centre for International Studies, San Marino** – admin@pam.int; pamrsm@pam.int