## CONVENTION ON INTERNATIONAL TRADE IN ENDANGERED SPECIES OF WILD FAUNA AND FLORA

## **Internship Programme Application Form**



#### UNITED NATIONS ENVIRONMENT PROGRAMME



Please return completed form to:

CITES Secretariat
Internship Programme
Maison Internationale de l'Environnement
11-13 Chemin des Anémones
CH 1219 Châtelaine
Geneva, Switzerland
admin@cites.org

## **INTERNSHIP PROGRAMME APPLICATION FORM**

### **INSTRUCTIONS**

Please read the instructions carefully.						
2. Answer each question clearly and completely						
3. Incomplete applications will not be considered.						
1. Family Name	First Name	Other Names	Maiden Name			
2. Date of Birth 3	. Place of Birth	4. Nationality at Birt	h 5. Present Nationalit			
6. Gender		7. Marital	Status			
8. Present Address		9. Permanent Add	iress			
10. Telephone Numb	er 11. Fax Nur	nber 12. E-ma	il Address			
13. To what extent are you familiar with the activities of the CITES Secretariat						

			То	
area of inte	rest?			
			International/Envir	onmental law
			Information & com technology	munications
		Ш	Finance	
ons			Human Resources	s / Administration
-		appli	cation for internsh	nip with the CITES
nother tongu	e?			
Read	Write	!	Speak	Understand
_		ME I	N THE BOX BELO grees & Academic	-
	ons  viously sub  ES  of Languag  nother tonguages: Read  B. Please giv  CURRENT	viously submitted an a  'ES	ons	area of interest?    International/Envir

14. Proposed Attachment Period

20. List any sig	nificant publi	cation you have written		
21. Do you hav	e Computer S	skills?		
Yes O	No (			
List software	with which yo	u are proficient		
	d Bassada			
22. Employmer	nt Records			
		ent you have had.		
	rder employme			
List in reverse o	rder employme	TED CV	Type of Rusiness	
List in reverse o	rder employme	TED CV  Name and Address of	Type of Business	
List in reverse o	rder employme CH AN UPDA	TED CV	Type of Business	
List in reverse o	rder employme CH AN UPDA	TED CV  Name and Address of	Type of Business	
List in reverse o	rder employme CH AN UPDA	TED CV  Name and Address of	Type of Business	
List in reverse o	rder employme CH AN UPDA	TED CV  Name and Address of		

From: Month/Year	To: Month/Year	Name and Address of Employer	Type o	of Business
	•	Description of your du	uties	
F	T =			(D)
From: Month/Year	To: Month/Year	Name and Address of Employer	Type o	of Business
- Indian, I dai	World / Car	Linployer		
		Description of your du	ıties	
		Description of your de	A1103	
-		ct in case of emergency		
-	ons to contac	ct in case of emergency Full Address		Telephone Numbers
-				Telephone Numbers
-				Telephone Numbers
-				Telephone Numbers
-				Telephone Numbers
Full	Name	Full Address		Telephone Numbers
Full	Name	Full Address	?	Telephone Numbers
Full	Name	Full Address	?	Telephone Numbers
Full I	Name I a Health/Acc	Full Address		
Full I	Name  I a Health/Acc  o  e the name of	Full Address  cident Insurance Policy		
Full    Do you hold  Yes  YES, indicate  Name of Comp	Name  I a Health/Acc  o  e the name of pany	Full Address  cident Insurance Policy		
Pull I  Do you hold Yes  YES, indicate	Name  I a Health/Acc  o  e the name of pany	Full Address  cident Insurance Policy		
Full   Po you hold Yes  YES, indicate Name of Composition Number	Name  I a Health/Acc  output  e the name of pany	Full Address  cident Insurance Policy's  No   the company and the pol	icy numbe	er
Policy Number	Name  I a Health/Acc  e the name of pany  note that you	Full Address  cident Insurance Policy  No  the company and the pol  will be expected to bear a	icy numbe	er
Policy Number  NO, please and or illnesse	Name  I a Health/Acc  e the name of pany  note that you was incurred if a	Full Address  cident Insurance Policy?  No  the company and the pol  will be expected to bear a accepted for an internship	icy numbe	
Policy Number  NO, please and or illnesse	Name  I a Health/Acc  e the name of pany  note that you	Full Address  cident Insurance Policy?  No  the company and the pol  will be expected to bear a accepted for an internship	icy numbe	er
Policy Number  NO, please and or illnesse	Name  I a Health/Acc  e the name of pany  note that you was incurred if a	Full Address  cident Insurance Policy?  No  the company and the pol  will be expected to bear a accepted for an internship	icy numbe	er

25	R	ط	ĒΔ	r۵	n	ces:
ZJ.		<b>G</b>		-		CES.

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

Full Name	Full Address	<b>Business or Occupation</b>

l					
26	. Have you any objection t Yes ○	o our making in No ○	nquiries abo	out you?	
de	. Have you ever been arrest fendant in a criminal proc plation of any law (excluding) Yes	eeding, or conv	ricted, fined	, or imprisoned f	
	If "YES", give full particula	rs of each case.			
co mi	ertify that the statements ma mplete, and correct to the be sinterpretation or material or quested by the CITES Secre	est of my knowle mission made or	edge and bel n this applica	ief. I understand tation form, or other	hat any document
	Signature:		_		
	Date:		_		

### **ENDORSEMENT: TO BE COMPLETED BY NOMINATING/SPONSORING INSTITUTION**

The following organization	
endorses	as a candidate to
participate in the internship programme of the CITES	Secretariat.
Under the conditions set out below:	
Proposed duration and timing of the internship:	
<del></del>	
Intended purpose of candidate's proposed participation	on in the internship programme:
NB: MUST BE STAMPED WITH OFFICIAL SEAL.	
NAME OF UNIVERSITY OR INSTITUTION (PLEASE PRINT)	NAME OF ENDORSING OFFICER (PLEASE PRINT)
ADDRESS OF UNIVERSITY OR INSTITUTION	SIGNATURE DATE

# PLEASE ATTACH LETTER OF ENDORSEMENT FROM YOUR EDUCATIONAL INSTITUTION