

<b>INSTRUCTIONS</b> Please answer each question clearly and completely. <i>Type or print in black ink.</i>  <b>Attach a recent photograph</b>	<b>ORGANISATION FOR THE PROHIBITION OF CHEMICAL WEAPONS</b>  <h1 style="margin: 0;">OPCW</h1> <b>INTERNSHIP APPLICATION FORM</b>	
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**PART 1 – TO BE COMPLETED BY THE STUDENT**

<b>1. Family Name:</b>	<b>2. First Names:</b>
<b>3. Gender</b> (please select one): Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>4. Date of Birth</b> (dd/mm/yyyy)
<b>5. Place and country of birth:</b>	<b>6. Citizenship</b> (please state all citizenships you hold, starting with your present country of citizenship):
<b>7. Permanent address:</b>	<b>8. Present address:</b>
Telephone:	Telephone :
Fax :	Fax :
E-mail address:	
<b>9. Contact person in case of emergency:</b>	
Name: <span style="float: right;">Relation to you:</span>	
Address	
Telephone:	(Daytime) <span style="float: right;">(Evening)</span>
E-mail address:	

**10. Source of income during the internship:**


11. Knowledge of Languages:	<i>Read</i>		<i>Write</i>		<i>Speak</i>	
	<i>Easily</i>	<i>Not easily</i>	<i>Easily</i>	<i>Not easily</i>	<i>Easily</i>	<i>Not easily</i>
<i>English</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other (please specify):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your Mother Tongue?

12. Computer skills/software used:	<i>Knowledge of software</i>		
	<i>Good</i>	<i>Medium</i>	<i>None</i>
<i>Windows</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Word</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Excel</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Powerpoint</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Access Database</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other(please specify):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



c) Have you ever been arrested, indicted, or summoned into Court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for violation of any law (excluding minor traffic violations)? Yes  No

If yes, please give full details in an attached statement.

### 17. Purpose of the internship

Please attach an essay explaining in 300-500 words the objective you wish to achieve during the period of the internship. This should include either information on a project you wish to pursue, or the type of work experience you hope to acquire. Please also state the proposed duration of the internship.

### 18. Internship period

Please give an indication of your dates of availability for an internship.

### 19. References

Please list three persons not related to you, who are familiar with your character and qualifications:

Full name and title	Address	Business or occupation
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_____	_____	_____
_____	_____	_____

### 20. Medical Insurance

*In order to be eligible to be on an internship programme in the OPCW you need to be in possession of your own medical insurance that covers the territory of The Netherlands. Should you be selected for an internship you have to provide proof thereof.*

I will ensure that I have a medical insurance that covers the territory of The Netherlands should I be appointed to an internship programme: Yes  No

21. I CERTIFY that the foregoing statements and answers are true, complete and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART II – TO BE COMPLETED BY THE SPONSORING ORGANISATION

Note: This certification of sponsorship means that the institution is certifying that the applicant is enrolled in the institution and is in good standing. Certification of sponsorship does not imply any further obligation on the part of the institution in respect of an OPCW internship. For applications from recent university graduates, this section is not required.

Name of sponsoring institution / organisation:

Postal Address:

Telephone:

Fax :

Please indicate any special requirements that your institution/organisation has for internships which may be relevant to this application

I CERTIFY that the candidate is enrolled in the institution-and is in good standing. The institution wishes to nominate the candidate for internship at the OPCW and approves the proposed programme and duration of the internship outlined by the candidate in paragraph 17 of this form.

*Please affix official seal of the institution/organisation.*

\_\_\_\_\_  
Name of certifying official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Applicants please note:***

*The following documentation must be included when for an application for an internship at the OPCW:*

- *Duly completed Application for Internship form*
- *Authenticated transcripts of all courses taken listing the results achieved*
- *An essay stating the purpose of the internship (300-500 words)*
- *An authenticated copy of the university degree or a letter from the university if the university degree has not been issued yet, reflecting a graduation date within the past twelve months (only for applications from recent university graduates)*

*Original applications should be forwarded to:*

*The Recruitment Section,  
Human Resources Branch  
Organisation for the Prohibition of Chemical Weapons (OPCW)  
Johan de Wittlaan 32  
2517 JR The Hague  
The Netherlands  
Fax: 31-70-4163790  
Tel: 31-70-4163757  
Email: [internships@opcw.org](mailto:internships@opcw.org)*

*Applications should be received AT LEAST THREE MONTHS prior to the proposed date of commencement of the internship.*

*Incomplete applications will not be considered.*