

Internship Application Form



ICPO-INTERPOL

Personal details	Family name:
	Maiden name (if applicable):
	Forename(s):
	Date of birth: (dd/mm/yyyy)
Place of birth:	Town :
	Country:
	Current nationality: Acquired by:
	Other nationality(-ies):
Mailing address	No. & Street:
	Zip/Post code:
	Town:
	Country:
	Telephone:
	Mobile:
	Fax:
	E-mail:
Preferred internship assignment	To facilitate placement, please indicate in order of priority (maximum 3) the preferred areas of activity within I.C.P.O. for which you wish to be considered for internship based on your educational background and interests. Interns should not be assigned to operational units within the Organization, particularly the Command and Coordination Centre.
	- Communication :
	- Conferences :
	- Finance :
	- General Services :
	- Human Resources :
	- Information Technology :
	- International Partnerships and Development :
	- Legal Affairs :
	- Research and Innovation :
- Specialized crimes (please specify) :	
- Secretariat :	
- Strategic Planning and Policy :	
- Training :	
- Translation :	

**Dates
proposed for
the Internship**

From: (month/year)

To: (month/year)

Compulsory internship : Yes/No

**Indicate the
reasons of
your choice**

Education	<i>Give full details in reverse chronological order (starting from the latest). Give the exact name of the institution and title of degree in the original language. Do not include primary/secondary school if you have a university degree or equivalent.</i>			
	Years	Institution <i>(name, place)</i>	Degree obtained	Main field(s) of study

Language skills	Mother tongue:																									
	<i>For languages other than mother tongue, enter appropriate letter from coding below to indicate the level of your knowledge.</i>																									
	<p>A- Professional Fluency: Able to converse actively at high level of fluency and prepare reports and papers</p> <p>B- Working Knowledge: Able to follow work-related discussions, use the telephone, and understand documents-grammar may be uncertain.</p> <p>C- Limited Knowledge: Able to understand simple conversations and written texts.</p>																									
	<table border="1"> <thead> <tr> <th>Language</th> <th>Understand</th> <th>Speak</th> <th>Read</th> <th>Write</th> </tr> </thead> <tbody> <tr> <td>French</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>English</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Spanish</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Arabic</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Language	Understand	Speak	Read	Write	French					English					Spanish					Arabic				
	Language	Understand	Speak	Read	Write																					
French																										
English																										
Spanish																										
Arabic																										
Other(s):																										

Computer skills	<i>For computer skills please check the box.</i>	
	Word processing: <input type="checkbox"/>	Graphics/Image/Photo software: <input type="checkbox"/>
	Spreadsheets: <input type="checkbox"/>	Financial software: <input type="checkbox"/>
	Data bases: <input type="checkbox"/>	Web browser /E-mail: <input type="checkbox"/>
	Presentation software: <input type="checkbox"/>	Other (s)software (Please specify below): <input type="checkbox"/>
Please explain your proficiency in your computer skills:		

Professional experience	<i>List positions held in reverse order, (starting with the current/latest one):</i>		
	Date:	From: _____ (mm/yyyy)	
		To: _____ (mm/yyyy)	
	Job title:		
	Employer: Name: _____		
	Address: _____		
	Tel: _____	Fax: _____	
	E-mail: _____		
	Description of your duties and responsibilities:		
Professional experience	Date:	From: _____ (mm/yyyy)	
		To: _____ (mm/yyyy)	
	Job title:		
	Employer	Name: _____	
		Address: _____	
		Tel: _____	Fax: _____
		E-mail: _____	
	Description of your duties and responsibilities:		
	Academic achievements	Please indicate any academic published works and other recognized achievements and/or any previous practical experience you may have, giving details of your duties.	

Medical Self Declaration

Do you have any physical disability or condition which may need taking into consideration in the workplace?

No **Yes** *If "yes", please give full particulars*

Insurance	<input type="checkbox"/> I hereby confirm that my application will be endorsed by my educational institution through a Memorandum of understanding which includes a health and accident insurance
	Or <input type="checkbox"/> I hereby confirm I hold an accident and health insurance policy Company Name (accident) : _____ Company Address (accident) : _____

Company Name (Health):
Company Address (Health):

References

Optional : List persons not related to you, who are familiar with your character and qualifications

I°/

Name:

Occupation/ Business, Title:

Contact details:

II°/

Name:

Occupation/ Business, Title:

Contact details:

III°/

Name:

Occupation/ Business, Title:

Contact details:

Potential Issues

Are you exercising/ have already exercised an offense that may be incompatible with an Internship within Interpol?

No **Yes** *If “yes”, please give full particulars*

I certify that my answers to the above questions are true, complete and correct to the best of my knowledge and belief.

Date: (dd/mm/yyyy)

Signature: