
**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

1. 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 Birth	5. Present Nationality

6. Gender

7. Marital Status

8. Present Address	9. Permanent Address

10. Telephone Number	11. Fax Number	12. E-mail Address

13. To what extent are you familiar with the activities of the CITES Secretariat

14. Proposed Attachment Period

From To

15. What is your area of interest?

- Natural Sciences
- Law enforcement
- Economics
- International relations
- International/Environmental law
- Information & communications technology
- Finance
- Human Resources / Administration

16. Have you previously submitted an application for internship with the CITES Secretariat?

- YES NO

17. Knowledge of Languages

What is your mother tongue?

Other Languages:

Language	Read	Write	Speak	Understand
First Language				
Second Language				
Third Language				

18. Education

Give full details - N.B. Please give exact name of institution and titles of degrees

INDICATE YOUR CURRENT PROGRAMME IN THE BOX BELOW

Name, Place and Country	From	To	Degrees & Academic Distinctions	Main Course of Study

19. Indicate a list of completed course work

20. List any significant publication you have written

21. Do you have Computer Skills?

Yes No

List software with which you are proficient

22. Employment Records

List in reverse order employment you have had.

PLEASE ATTACH AN UPDATED CV

From: Month/Year	To: Month/Year	Name and Address of Employer	Type of Business
Description of your duties			

From: Month/Year	To: Month/Year	Name and Address of Employer	Type of Business
Description of your duties			
From: Month/Year	To: Month/Year	Name and Address of Employer	Type of Business
Description of your duties			

23. List of persons to contact in case of emergency

Full Name	Full Address	Telephone Numbers

24. Do you hold a Health/Accident Insurance Policy?

Yes No

If **YES**, indicate the name of the company and the policy number

Name of Company	
Policy Number	

If **NO**, please note that you will be expected to bear any costs arising from accidents and or illnesses incurred if accepted for an internship.

State any other relevant fact.

25. References:

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

Full Name	Full Address	Business or Occupation

26. Have you any objection to our making inquiries about you?

Yes No

27. Have you ever been arrested, indicted, or summoned into a 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.

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. I understand that any misinterpretation or material omission made on this application form, or other document requested by the CITES Secretariat renders an intern liable for termination or dismissal.

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:

Intended purpose of candidate's proposed participation in the internship programme:

NB: MUST BE STAMPED WITH OFFICIAL SEAL.

NAME OF UNIVERSITY OR
INSTITUTION (PLEASE PRINT)

ADDRESS OF UNIVERSITY OR INSTITUTION

NAME OF ENDORSING
OFFICER (PLEASE PRINT)

SIGNATURE

DATE

PLEASE ATTACH LETTER OF ENDORSEMENT FROM YOUR EDUCATIONAL INSTITUTION