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#### **JAMES P GRANT SCHOOL OF PUBLIC HEALTH**

#### **BRAC UNIVERSITY**

Attach your

Photo here

## INTERNSHIP APPLICATION FORM

*Please fill up the Application using MS Word: (click on the highlighted text form field option to type required information. For changing Check box field, single click on the check box)*

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| Category of Internship |

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| Please explain why you are interested in the above Internship Programme: (describe within 100 words). |

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| **PART I To Be Completed By Intern (Please Print)** |
| **1. Family name (surname):** | **First name (given name):** | **Middle Name:** |
|  |  |  |
| **2. Gender:**  | **3. Marital Status:** | **4. Date of Birth: (Date/Month/Year)** | **5. Place of Birth:** | **6. Present nationality:** |
|  |  |  |  |  |
| **7. Permanent Residential Address** | **8. Present address:** |
|  |  |
| Telephone Number:8B. Fax Number | Fax:      | E-mail:8B. Fax Number | Telephone Number:      | Fax: |
|  |  |  |  |  |
| **9. Person to be notified in case of emergency:** |
| Name: | Phone: | Address: |
|  |  |  |
| **10. Insurance:** I hereby confirm that I will be liable for my own safety and health risks. The school will not bear any kind of responsibility regarding my health and security. I agree **[ ]** I do not agree **[ ]**  |
| **11. Knowledge of Languages** Mother Tongue: |
| LANGUAGE | READ | WRITE | SPEAK | UNDERSTAND |
|  | Fluent | Moderate | Fluent | Moderate | Fluent | Moderate | Fluent | Moderate |
| English | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| French | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Spanish | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Others (Specify)–rudimentary German-basic Chinese | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **12. Higher Education (College/University, or equivalent)** |
| **Institution****(Name, place and country)** | **Attended** | **Degrees/certificate obtained/expected** | **Major subjects of study** |
|  | **from (m/y)** | **to (m/y)** |  |  |
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| **13. Employment:** *Please describe any previous practical experience you may have had, giving full details of your responsibilities* |
| **14. Career envisaged:** I do not currently know what I want to do for a living. I do know that I care about helping and will to some extent be involved in work of this sort in the future. |
| **15.Other relevant information** |
| a) University scholarships or academic distinctions: |
| b) Publications (if any): |
| c) 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 particulars of each case in attached statement. |
| **16. Computer Skills**: | **[ ]**  MS Word | **[ ]**  MS Excel | **[ ]**  MS Access | **[ ]**  MS PowerPoint |
|  | **[ ]**  Others | Specify: |
| **17.Date for proposed internship, if different from the date indicated in internship advertisement.** |
|  | **Starting date:** **Ending date:**  |
| **18. Please attach a brief description or outline of research or other work you envisage to accomplish during your internship at James P Grant School of Public Health, BRAC University.** |
| **19.** I hereby certify that the foregoing statements and answers are true, complete and correct to the best of my knowledge and can be verified at any time. I have also read and will comply with the objectives and conditions of the internship programme as listed on the James P Grant School of Public Health website: http://bracjpgsph.org/ |
| Signature: (when applying by e-mail, type your name or electronic signature) |  |  |
|  |  | Date:  |  |

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| **PART II - To be completed by nominating/sponsoring institution or organization**Name of institution/organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nominates/sponsors (Mr./Ms.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the internship programme at James P Grant School of Public Health, BRAC University, under the established objectives and conditions given in the attached form.1) Duration and timing of the internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2) Purpose of candidate's proposed participation in the internship programme:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name and address of nominating/ sponsoring organization/ institution**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Name and title of certifying official**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Forwarding Letter from nominating/ sponsoring organization:**Nominating or sponsoring organization/ institution will also have to issue a supporting letter with the seal and signature of certifying official (prospective interns can send a scanned copy with email and bring the original copy with them later). Supporting letter must clearly state the attributes of the student and the range of support (financial and others) provided by the organization/ institution.  |

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| **Please return the completed application form by email together with a brief description or outline of research or other work (concept note) to be accomplished during the internship at James P Grant School of Public Health, BRAC University to:****CONTACT****Moontaka Tuba**Senior Manager, Legal Administration & EducationEmail: moontaka.tuba@bracu.ac.bd**Mailing Address**68, Shaheed Tajuddin Ahmed SaraniICDDR, B Building, Level-6Mohakhali, Dhaka 1212Bangladesh |
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