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

#### **BRAC UNIVERSITY**

## 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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| 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. Date of Birth: (Date/Month/Year)** | **4. Nationality** |
|  |  |  |
| **5. Present address:** |
|  |
| **6. Telephone Number:****8B. Fax Number****Fax:** | **7. E-mail:****8B. Fax Number****Telephone Number:****Fax:** |
|  |  |
| **8. Knowledge of Languages** Mother Tongue: |
| LANGUAGE | READ | WRITE | SPEAK | UNDERSTAND |
|  | Fluent | Moderate | Fluent | Moderate | Fluent | Moderate | Fluent | Moderate |
| English | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| French | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Spanish | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **9. 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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|  |  |  |  |  |
| **10. Employment:** *Please describe any previous practical experience you may have had, stating your main roles and responsibilities* |
| **11.Other relevant information** |
| a) University scholarships or academic distinctions: |
| b) Publications (if any): |
| **12. Computer Skills**: | **[ ]**  MS Office | **Specify:** |
|  | **[ ]**  SPSS/STATA/SAS/R and ATLAS.ti/NVivo | **Specify:**  |
| **13.Date for proposed internship, if different from the date indicated in internship advertisement.** |
|  | **Starting date:** **Ending date:**  |
| **14. 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.** |
| **15.** 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 & Date: (when applying by e-mail, type your name or electronic signature) |  |
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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.bdBRAC James P Grant School of Public Health, BRAC University6th Floor, Medona Tower, 28 Mohakhali Commercial AreaBir Uttom A K Khandakar RoadDhaka-1213, Bangladesh. |