

Internship Application form

Please fill in the following details to the best of your knowledge. The information provided will be evaluated to find the best possible scope of work for you within the organisation. The internship coordinator will be in touch with you shortly. For any further queries, please mail internships@chinarinternational.org

1. Basic Information

| | | | | | |
|----------------------------------|-----------------------|--|--|----------------------|--|
| Name | | Home Address | | | |
| Email | | Contact No. | | Date of birth/Gender | |
| Educational Qualification | | Name of institution/Company, Designation | | | |
| Area of interest | | a) Child development b) Quality Education c) Youth development d) Any other | | | |
| Languages - Spoken/ Written | | Internship period(weeks/ months) | | | |
| Type of internship(Paid/Unpaid) | | Starting date (if selected) | | | |
| Preferred means of operation | a) Remote b) Local | Emergency contact | | | |

2. What expectations do you have coming into the internship?

3. What are the specific objectives of your internship period at CHINAR International?

4. Have you gone through CHINAR's website (www.chinarinternational.org)? What do you understand regarding our approach to children and youth (in 150 words)?

5. Do you have any specific skills that our project can benefit from? If yes, please mention.

6. Have you volunteered with any Non-Government organization (NGO)? If yes, please provide the name of the organization, duration of work and brief description of what you did.

| Name of organization | Location | Duration of internship | Nature of internship |
|----------------------|----------|------------------------|----------------------|
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| | | | |

Submitted by:

Date:

Internal comments by an evaluator:

This application has been approved by the following:

Internship Coordinator: _____
(Name and Signature)

Director: _____
(Name and Signature)