|  |  |  |
| --- | --- | --- |
| **APWLD Application form - Internship with the Research and Publications** |  | Please print or type. Please complete each section to the best of your ability, even if your resume also includes this information. |
|  |
| **Personal Information** |
| Name      | Gender * Female
* Male
* Gender Non Conforming
* Gender Non Binary
* Other
 |
| Address |  | City | Country | Postcode |
|       |       |       |       |
|  | Mobile Number | Email Address |  |  |
|       |       |       |
| Nationality or nationalities        |  | List languages that you have command in verbal and written communications. Please indicate proficiency for each.      |
| Optional: Identities (should you wish to share)      |  | Are there any countries you are unable to travel to?      |
|  |
| **Position** |
| Available start date |  |
|       |
|

|  |
| --- |
| **Where did you access the call for Internship with the Research and Publications of APWLD?**  |
| * Facebook
* Twitter
* Instagram
* LinkedIn
* APWLD Newsletter
* APWLD Website
* Job Website
* Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**Essay** 1. If you are a part of any campaigns, movements or activism, please describe the objectives, key actors, place, and any relevant contextual details of the campaign and support you provided. (300 words max).
2. What attracted you to apply for an internship with APWLD’s Research and Publications? What do you hope to contribute and gain from the placement? (200 words max)
 |
|  |
|  |
| **References** |
| Please list three references, including professional ones. |
| Name | Email | Organisation | Phone |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |
| **Signature Disclaimer** |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Name (Please Print) |  | Signature |
|       |  |
| Date |  |
|       |