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| Logo, company name  Description automatically generated  53-70, Jingumae 5-chome  Shibuya-ku, Tokyo 150-8925  Japan | | | | | | |  | | | | | | | | Tel: (+81) 3-5467-1212  E-mail: ro\_internship@unu.edu Website: http://unu.edu | | | | | |
| Application FormJunior Fellows Internship Programme, Office of the Rector | | | | | | | | | | | | | | | | | | | | |
| PART I ‑ TO BE COMPLETED BY THE APPLICANT | | | | | | | | | | | | | | | | | | | | |
| 1. Internship Period:   *(Fill in the starting year and select the term for which you are applying.)*  Year: 2024 Term:  Fall (mid-August – mid-December)  Spring (mid-February - mid-June) | | | | | | | | | | | | | | | | | | | | |
| 1. Family name | | | | | First name(s) | | | | | | | 1. Sex   F  M  Prefer not to say | | | | | | 1. Age | | |
| 1. Date of birth   *(yyyy-mm-dd)* | | | 1. Place of birth   *(municipality, country)* | | | | | | | | | 1. Nationality   *(if more than one, indicate all)* | | | | | | | | |
| 1. Permanent Address         Telephone No. (+   ) - | | | | | | | | | | 1. Present Address *(if different from 8)*         Telephone No. (+   ) - | | | | | | | | | | |
| 1. E-mail address   Primary:  Secondary: | | | | | | | | | | | | | | | | | | | | |
| 1. Emergency Contact *(Please list a name of the person to be notified, in case of emergency)*   Name  Address | | | | | | | | | | | | | | | | | | | | |
| Telephone No. (+   ) - | | | | | | | | | | E-mail: | | | | | | | | | | |
| 1. Knowledge of Languages: What is your mother tongue? | | | | | | | | | | | | | | | | | | | | |
| Other Languages | | Read | | | | | | | | Write | | | | | | | Speak | | | |
|  | | *Very well* | | *Well* | | | | | *Fair* | *Very well* | *Well* | | *Fair* | | | | *Very well* | | *Well* | *Fair* |
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| 1. Other Relevant Information   a) Are you able to travel to UNU Centre in Tokyo to work on-site? Yes:  No:  b) Have you published any reports, documents, articles, etc.? *(if yes, please specify below)* Yes:  No:  c) Have you ever applied for regular employment with the United Nations?  No  Yes  If yes, provide: date(s); position(s)    d) Have you ever been convicted, fined or imprisoned for the violation of any law?  *(excluding minor traffic violations)*  No  Yes ­ If yes, please give full details in an attached statement. | | | | | | | | | | | | | | | | | | | | |
| 1. Areas of interest:   *If given the opportunity, indicate, in broad terms, which areas you would be interested to learn more about or contribute to. Indicate your top three choices, 1 being your first choice. You may leave the other sections blank.* | | | | | | | | | | | | | | | | | | | | |
| \_\_ | Legal support | | | | | | | | | | | | | | | | | | | |
| \_\_ | Internal and external communications | | | | | | | | | | | | | | | | | | | |
| \_\_ | Executive support | | | | | | | | | | | | | | | | | | | |
| \_\_ | Conference/event organization | | | | | | | | | | | | | | | | | | | |
| 1. Where did you first learn about the Junior Fellows Internship Programme in Tokyo? (*check all that apply*) | | | | | | | | | | | | | | | | | | | | |
| a UNU website | | | | | | from a professor | | | | | | | | former Junior Fellow | | | | | | |
| programme brochure/flier | | | | | | from a classmate or friend | | | | | | | | other: (*please specify below)* | | | | | | |
| your university career centre | | | | | | Facebook/Twitter/social media site | | | | | | | |  | | | | | | |
| 1. References:   Please list two persons not related to you who are familiar with your qualifications and character, and who have agreed to write a letter of reference on your behalf. | | | | | | | | | | | | | | | | | | | | |
| Full name  1.  2. | | | | | | | Title and affiliation | | | | | | | | | Relationship to applicant | | | | |
| 1. Academic Credit   Will you use this internship to earn credits for your current studies? If yes, please fill in Part II (below) of this form and submit with your application.  Yes:  No: | | | | | | | | | | | | | | | | | | | | |
| By checking the box below, **I CERTIFY** that the foregoing statements and answers in this application form and attached documents are true, complete and correct to the best of my knowledge and belief. | | | | | | | | | | | | | | | | | | | | |
| Check here | | | | | | | | Date:  *dd/mm/yyyy* | | | | | | | | | | | | |
| This duly completed application and accompanying documents are to be uploaded to the relevant job posting for the Junior Fellows Internship, Office of the Rector: <https://unu.edu/about/hr> | | | | | | | | | | | | | | | | | | | | |

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| PART II ‑ TO BE COMPLETED BY THE NOMINATING INSTITUTION  (For applicants seeking academic credit for their participation) | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby nominates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*name of the nominating institution) (name of the applicant)*  to participate in the United Nations University Junior Fellows Internship Programme at the Office of the Rector in Tokyo under the conditions set out by the United Nations University for the following term:  Starting Year: \_\_\_\_\_\_\_\_\_\_ Term:  Fall (mid-August-December)  Spring (February-June)  Purpose of candidate's proposed participation in the Junior Fellows Internship Programme at the Office of the Rector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name and Address of Nominating Institution/Organization  *(Must be stamped with the official seal)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact person:  Tel:  Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(printed name of certifying official)*  ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(date)*    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(signature)* |