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| **Internship Application Form**  *Closing date:* ***20th October 2025***   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Personal details** | | **Surname:** | | | | | | | |  | | | | | | | | | | |  | | **First name(s):** | | | | | | | |  | | | | | | | | | | |  | | **Date of birth:** | | | | | | | | *(dd/mm/yyyy)* | | | | | | | | | | |  | | **Male/ Female** | | | | | |  | |  | | | | | | | | | | |  | | **State of Origin:** | | | | | |  | |  | | | | | | | | | | |  | | **Nationality:** | | | | | | | |  | | | | | | | | | | |  | | **Other nationality(-ies):** | | | | | | | |  | | | | | | | | | | | **Mailing address** | | **No. Street:** | | | | | | | |  | | | | | | | | | | |  | | **Post Office Address:** | | | | | | | |  | | | | | | | | | | |  | | **Town:** | | | | | | | |  | | | | | | | | | | |  | | **Country:** | | | | | | | |  | | | | | | | | | | |  | | **Telephone:** | | | | | | | |  | | | | | | | | | | |  | | **Mobile:** | | | | | | | |  | | | | | | | | | | |  | | **E-mail:** | | | | | | | |  | | | | | | | | | | | **Education** | | ***Give full details beginning with the latest (primary and secondary school details are not required).*** | | | | | | | | | | | | | | | | | | |  | | **Years** | **Institution**  *(name, place)* | | | | | | | | | | **Degree obtained** | | | | **Main field(s) of study** | | |  | |  |  | | | | | | | | | |  | | | |  | | |  | |  |  | | | | | | | | | |  | | | |  | | |  | |  |  | | | | | | | | | |  | | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | **Computer skills** | | *For computer skills please check the box.* | | | | | | | | | | | | | | | | | | |  | | **Word processing:** | | | | | | | | | **very proficient** | | **Proficient** **beginner** | | | | |  | | |  | | **Spreadsheets:** | | | | | | | | | **very proficient** | | **proficient beginner** | | | | |  | | |  | | **Data bases:** | | | | | | | | | **very proficient** | | **proficient beginner** | | | | |  | | |  | | **Presentation software:** | | | | | | | | | **very proficient** | | **proficient beginner** | | | | |  | | |  | | **Others (*please specify*)** | | | | | | | | | | | | | | | | | | |  | | **Please explain what work you have been able to do with the packages listed above:** | | | | | | | | | | | | | | | | | | | **Professional experience** | *List positions held in reverse order, (starting with the current/latest one including* ***NYSC****):* | | | | | | | | | | | | | | | | | | | |  | **Date:** | | | | **From:** | | | | | *(mm/yyyy)* | | | | | | | | | | |  |  | | | | **To:** | | | | | *(mm/yyyy)* | | | | | | | | | | |  | **Job title:** | | | | | | | | |  | | | | | | | | | | |  | **Employer:** | | | | | | **Name:** | | |  | | | | | | | | | | |  |  | | | | | | **Address:** | | |  | | | | | | | | | | |  |  | | | | | | **Tel:** | | |  | | | | | **Fax:** | | | | | |  |  | | | | | | **E-mail:** | | |  | | | | | | | | | | |  | **Description of your duties and responsibilities:** | | | | | | | | |  | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |  | **Date:** | | | **From:** | | | | | *(mm/yyyy)* | | | | | | | | | | | |  |  | | | **To:** | | | | | *(mm/yyyy)* | | | | | | | | | | | |  | **Job title:** | | | | | | | |  | | | | | | | | | | | |  | **Employer** | | | | | **Name:** | | |  | | | | | | | | | | | |  |  | | | | | **Address:** | | |  | | | | | | | | | | | |  |  | | | | | **Tel:** | | |  | | | | | | | **Fax:** | | | | |  |  | | | | | **E-mail:** | | |  | | | | | | | | | | | |  | **Description of your duties and responsibilities:** | | | | | | | |  | | | | | | | | | | | | **Academic achievements** | **Please indicate any academic published works and other recognized achievements and/or any previous practical experience you may have, giving details of your duties.** | | | | | | | | | | | | | | | | | | | | **Expression of Interest** | **Please state in not more than 200 words why you are interested in this role.** | | | | | | | | | | | | | | | | | | | | **Medical Self Declaration**  *Do you have any physical disability or condition which may need taking into consideration in the workplace?* | | | | | | | | | | | | | | | | | | | | | **No  Yes**  *If “yes”, please give full particulars* | | | | | | | | | | | | | | | | | | | | | **References** | | List persons not related to you, who are familiar with your character and qualifications | | | | | | | | | | | | | | | | | | |  | | **I** | | | | | | | | | | | | | | | | | | |  | | **Name:** | | | | | | | | | |  | | | | | | | | |  | | **Occupation/ Business, Title:** | | | | | | | | | |  | | | | | | | | |  | | **Contact details & Email:** | | | | | | | | | |  | | | | | | | | |  | | **II** | | | | | | | | | | | | | | | | | | |  | | **Name:** | | | | | | | | | |  | | | | | | | | |  | | **Occupation/ Business, Title:** | | | | | | | | | |  | | | | | | | | |  | | **Contact details & Email:** | | | | | | | | | |  | | | | | | | | |  | | **III** | | | | | | | | | | | | | | | | | | |  | | **Name:** | | | | | | | | | |  | | | | | | | | |  | | **Occupation/ Business, Title:** | | | | | | | | | |  | | | | | | | | |  | | **Contact details & Email:** | | | | | | | | | |  | | | | | | | | | **Potential Issues**  *Have you ever been convicted?* | | | | | | | | | | | | | | | | | | | | | **No  Yes**  *If “yes”, please give full particulars* | | | | | | | | | | | | | | | | | | | | | ***I certify that my answers to the above questions are true, complete and correct to the best of my knowledge and belief.*** | | | | | | | | | | | | | | | | | | | | | **Date:**       *(dd/mm/yyyy)* | | | | | | | | | | | | | | **Signature**: | | | | | | |