**INTERNSHIP APPLICATION FORM**

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| **Applicant Information** | | |
| **Full Name:** *(as in Qatari ID)* | |  |
| **Gender:** *Please tick* | | 🞏 Male 🞏 Female |
| **Internship Mode** | | 🞏 At work 🞏 Virtual 🞏 Blended |
| **Mobile Phone:** | |  |
| **Home Phone:** | |  |
| **Email Address:** | |  |
| **Qatari ID:** | |  |
| **Date of Birth:** | |  |
| **Marital Status:** | |  |
| **Nationality:** | |  |
| *If you are son / Daughter of QF permanent employee, please fill below:* | | |
| **Name of your Father / mother Working in QF:** |  | |
| **Father / Mother QF ID:** |  | |
| **Department:** |  | |
| *If you are a high school student, please fill below:* | | |
| **Name of School:** | |  |
| *If you are a university student, please fill below:* | | |
| **Name of University:** | |  |
| **College:** | |  |
| **Major:** | |  |
| **Course requires the internship (if any):** | |  |
| **Expected Graduation Date:** | |  |
| **Sponsor for Studies (if any):** | |  |
| *If you are a university graduate, please fill below:* | | |
| **Name of University:** | |  |
| **College:** | |  |
| **Degree & Major:** | |  |
| **GPA:** | |  |
| **Year of Graduation:** | |  |
|  | | |
| **Name of QF Centre or Directorate in which you would like to have the internship program:** | | |
| **Duration of Internship *(Maximum 2 months)*** | | |
| **From: *(Date)*** | |  |
| **To: *(Date)*** | |  |
| **Emergency Contact Information** | | |
| **Name:** | |  |
| **Phone:** | |  |
| **Relation to Intern:** | |  |
| **Personal Information** | | |
| **Why are you interested in an internship in Qatar Foundation?** | | |
| **What specific experience would you like to gain through this internship?** | | |
| *I certify that all of the statements in this Intern Details Sheet are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.*  **Date:**  **If your age is below 18, then parent or guardian signature is required below:**  **Parent / Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |