**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |