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| **Sawiris Foundation - INTERNSHIP APPLICATION FORM** | | | | | | |
| 1. Full Name: | | | 1. ID No.: | | | |
| 1. Date of Birth Day/month/year | | | 1. Present Nationality: | | | |
| 1. Address: | | | | | | |
| 1. Telephone No.: | | | | | | |
| 1. Cellular no. | | | | | | |
| 1. In case of emergency, notify: | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| Telephone No.: | | | | | | |
| 1. Knowledge of Languages |  | |  | |  | |
|  | Reading | Writing | | Listening | | Speaking |
| Language |  |  | |  | |  |
| Arabic |
| English |
| Other:  (Please specify) |
| 1. Technical skills: | | | | | | |

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| 1. Higher Education (College/University) | | | | |
| Institution Name, Place and Country | Attended from/to | | Degrees | Major Subjects of Study |
|  | Mo./Year | Mo./Year | Obtained |  |
|  |  |  |  |  |
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| 1. Employment: Please describe any previous practical experience you may have had, giving full details of your duties. Use an additional sheet if necessary. | | | | |
| 1. Career Plans: | | | | |
| 1. Other Relevant Information: | | | | |
| * University scholarships or academic distinction: | | | | |
| * Publications (if any): | | | | |

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| 1. Internship Period:  Please indicate your availability for Internship  \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. Preferred Work Assignment:   Please indicate by numbering in order of preference three main areas in which you would like to be considered for an internship.   * Education & Scholarship programs * Social Empowerment programs | | |
| 1. References: Please list three persons not related to you, who are familiar with your character and qualifications: | | |
| Full name and title | Business or occupation | Contact details: address, Tel. no. & email |
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| 1. I certify that the foregoing statement and answers are true, complete and correct to the best of my knowledge and belief.  Signature: Date: | | |

CONDITIONS GOVERNING THE SAWIRIS FOUNDATION FOR SOCIAL DEVELOPMENT (SFSD)

INTERNSHIP PROGRAM

1. I accept the internship which has been awarded to me by (SFSD) and am aware of the following:
2. That the SFSD will not pay me for my internship
3. I undertake the following obligations with respect to the SFSD:
4. To conduct myself at all times in a manner compatible with my responsibilities as the holder of SFSD Internship;
5. To keep confidential any and all unpublished information made known to me by the accepting Division during the course of my internship and not to publish any reports or papers on the basis of information obtained during the program, except with the explicit authorization of the SFSD;
6. To provide written notice in case of illness or other unavoidable circumstances which might prevent me from completing the internship;
7. to complete the internship evaluation questionnaire at the end of my internship and to submit it to the HR Sector;

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DATE NAME OF INTERN SIGNATURE

This form should be signed. HR Sector will retain the original.