INTERNSHIP APPLICATION FORM					
1. Name:					
2. Sex:			3. Marital Status:		
4. Date of Birth DD/MM/YYYY	5. Place of Birth:		6. Nationality & I.C. No.:		
7. Permanent Address:	7. Permanent Address:		8. Correspondence Address:		
Contact No.:					
E-mail Address:					
9. In case of emergency, noti	fy:				
Name:					
Address:					
Contact No.:	t No.: Relationship:				
10. Language Proficiency:					
Language:	Mastery	Advanced	Intermediate	Elementary	
Malay					
English					
Other:(Please specify)					
11. List of Computer Skills:		I			L

12. Higher Education (College/University):				
Institution Name, Place and Country	Attended from/to		Degrees	Major Subjects of Study
1,1111111111111111111111111111111111111	MM/YYYY	MM/YYYY	Obtained	
		<u> </u>		
13. Employment:				
Please describe any prev	vious practical	experience you	u may have had	d, giving details of your duties.
Use an additional sheet i	f necessary.			
14. Career Plans:				
15. Kindly state what you can contribute to the area in which you would like to be considered for an interaction				
internship.				

16. Internship Duration: Please indicate your availability for Internship (state the number of weeks / month).				
1 10000 1100000 j 002 0 1 01100 11	cy for morning (sweet the number of we	viii / mommy		
17. Kindly state what you would li	ike to achieve / gain after completing this	Internship Programme.		
18. Preferred Work Assignment: Please indicate the areas in whi	ich you would like to be considered for a	n internship.		
☐ Research	☐ Corporate & International Affairs			
19. References:	ne (1) academic and one (1) personal not	ralated to you		
		*		
Full name and title	Address	Business or occupation		
20. I certify that the foregoing statements and answers are true, complete and correct to the best of my knowledge and belief.				
Mio wieuge und belief.				
Signature:	Date:			
Applications should be made by co	mpleting this form and by arranging two	(2) written references one		
academic and one personal.	mpieting this form and by arranging two	(2) written rejerences, one		
Please complete this form in full ei	ther typed or written clearly in black ink.			
Send completed application form w (CSPS): -	vith a copy of your CV to the Centre for S	trategic and Policy Studies		
Centre for Strategic and Policy Studies				
Corporate Division, 3rd Floor, East Wing CSPS building, Simpang 347				
Gadong BE1318, Brunei Darussalam				
or Email to recruitment@csps.org.bn				

CONDITIONS GOVERNING THE CENTRE FOR STRATEGIC AND POLICY STUDIES (CSPS) INTERNSHIP PROGRAMME

- 1. I accept the internship which has been awarded to me by the Centre for Strategic and Policy Studies (CSPS) and am aware of the following:
 - a) That CSPS will not pay me for my internship and that all the expenses connected with it must be borne by me;
 - b) That CSPS accepts no responsibility for costs arising from accidents and/or illness incurred during my internship.
 - c) That I am not an employee at CSPS during my internship.
 - d) To provide an Internship Report to CSPS.
 - e) That a Certificate of Internship will be issued by CSPS following a smooth hand-over of my responsibilities, including Internship Report, CSPS's properties and documents in my possession prior to the effective date of separation from the Internship Programme.
- 2. I undertake the following obligations with respect to the Centre for Strategic and Policy Studies (CSPS):
 - a) To conduct myself at all times in a manner compatible with my responsibilities as the holder of CSPS Internship;
 - b) To keep confidential any and all unpublished information made know to me by CSPS during the course of my internship and not to publish any reports or papers on the basis of information obtained during the programme, except with the explicit authoritative of the Executive Director.
 - c) To abide by CSPS Staff Rules & Regulations;
 - d) To provide written notice in case of illness or other unavoidable circumstance which might prevent me from completing the internship;
 - e) To return CSPS' properties and documents made available to me during my internship to my supervisor, on the last day of my internship.

DATE	NAME OF INTERN	SIGNATURE

This form should be signed in duplicate. Original will be retained by the Corporate Affairs Division while the other copy will be retained by the Intern.

CONDITIONS GOVERNING THE CENTRE FOR STRATEGIC AND POLICY STUDIES (CSPS) INTERNSHIP PROGRAMME

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