

**Application Form for CIL Internship Program**

Please fill in the application and e-mail it to [info@cyprusinteractionlab.com](mailto:info@cyprusinteractionlab.com)

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| 1. Please check one only | |
| Dates available for internship program (please specify exact dates):  Starting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ending date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Personal/ Contact details | |
| Title (Mr, Ms) | |
| Name/Surname | |
| Gender | Date of birth |
| Nationality | |
| Permanent address | |
| City | Post code |
| Telephone | Fax |
| Email address | |
| 1. Education | |
| Secondary Education (with main subjects, from dd/mm/yy to dd/mm/yy) | |
| Higher education (University/ College, Course title/ subject, from dd/mm/yy to dd/mm/yy) | |
| Other educational achievements (prizes or awards) | |
| 1. Other information (Interests/ Hobbies) | |
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| 1. Write a proposal expressing your interest working with the CIL Lab and how this will benefit your future development (200-300 words) | |
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| 1. References (Please supply the names and contact details of two referees - we will only contact the referees if necessary) | |
| Name/Surname:  Job position:  Email address:  Telephone: | |
| Name/Surname:  Job position:  Email address:  Telephone: | |

ADDITIONAL MATERIAL:

Along with this application please send a detailed CV.