

**Application Form for CIL Internship Program**

Please fill in the application and e-mail it to info@cyprusinteractionlab.com

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| 1. Please check one only
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| Dates available for internship program (please specify exact dates):Starting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ending date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Personal/ Contact details
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| Title (Mr, Ms) |
| Name/Surname |
| Gender | Date of birth |
| Nationality |
| Permanent address |
| City | Post code |
| Telephone | Fax |
| Email address |
| 1. Education
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| 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)
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| 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.