

**INTERNSHIP PROGRAMME OF THE
INTERNATIONAL TRIBUNAL FOR THE LAW OF THE SEA**



APPLICATION FORM

PART I - TO BE COMPLETED BY THE STUDENT						
1. Family Name:			First Name:			
2. Sex:			3. Marital Status:			
4. Date of Birth: day month year		5. Place of Birth:		6. Nationality:		
7. Permanent Address:			8. Present Address:			
Telephone No.:			Telephone No.:			
Fax No.:			Fax No.:			
E-mail:			E-mail:			
9. In case of emergency, notify:						
Name:						
Address:						
Telephone No.:						
10. Knowledge of Languages:						
Language	Read		Write		Speak	
	Easily	Not easily	Easily	Not easily	Easily	Not easily
English						
French						
Other(s): (Please specify)						
11. Word Processing/Computer Skills: Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes, describe:						

17. Preferred Work Assignment:

Please indicate by numbering in order of preference the main areas in which you would like to be considered for an internship:

- Law Public Information and Publications
Library Science Translation and Terminology
Others

Please elaborate: _____

18. References:

Please list three persons not related to you who are familiar with your character and qualifications:

Full Name and Title	Address & Telephone No.	Business or Occupation

19. Funding:

I fulfil the necessary criteria for the Korea International Cooperation Agency Grant, as set out in Part 1 of form ITLOS/INT.6, and would like to apply for funding. The duly completed form is attached herewith.

Yes No

20. I CERTIFY that the foregoing statements and answers are true, complete and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

This duly completed application and accompanying documents must be sent to:

***The Registry
International Tribunal for the Law of the Sea
Am Internationalen Seegerichtshof 1
22609 Hamburg
Germany***

Applications should be received at least three months before the proposed date of commencement of the requested internship.

**PART II - TO BE COMPLETED BY THE NOMINATING
INSTITUTION/ORGANIZATION**

Name of Institution/Organization: _____

nominates: _____

to participate in the Internship Programme of the International Tribunal for the Law of the Sea under the conditions governing the programme.

Duration and timing of internship: _____

Purpose of candidate's proposed participation in the Internship Programme:

NAME, ADDRESS AND TELEPHONE NO. OF
NOMINATING INSTITUTION /
ORGANIZATION:

NAME AND TITLE OF CERTIFYING OFFICIAL:

Signature: _____

Date: _____