



# Application Form for Internship Opportunity in Acholi Religious Leaders Peace Initiative.

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## PERSONAL INFORMATION

First name: \_\_\_\_\_ Last name \_\_\_\_\_

Other name(s) used \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## 1 - INTERNSHIP POSITION

In which thematic areas would you like to focus on? (Max 3 in order of preference)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## 2 - ACADEMIC INFORMATION

Program of Study: \_\_\_\_\_



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Graduate Program: \_\_\_\_\_

University: \_\_\_\_\_ Years completed: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

### 3 - LANGUAGE SKILLS

Language	Written	Spoken
1) English		
2) Specify		
3) Specify		
4) Specify		

### 4 - INTERNATIONAL TRAVEL/WORK EXPERIENCE

Location(s)	Position/Purpose	Duration/Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



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4. \_\_\_\_\_

### Declaration and Consent of Applicant:

1. I declare that the information I have provided in this application is true, complete and accurate in all respects, and that all available information requested in this application has been disclosed.
2. All information I have provided in connection with this application is subject to verification and audit by ARLPI.
3. I shall provide supporting documentation to verify my eligibility on request.
4. I consent to the disclosure by ARLPI of personal information I have given in this application as follows:
  - (a) To the appropriate personnel of ARLPI and any development partners for purposes of administering the internship program.
  - (b) To the referees and references I have names, when necessary, for ARLPI to verify the completeness and accuracy of my statements and to obtain input on my academic qualifications.

I understand that any misrepresentation on this application or failure to provide my consent to authorize ARLPI to verify my information on this application may result in the cancellation of my internship application.

**I acknowledge that I understand and agree to the above clauses.**

**Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_