AFRICAN UNION

الاتحاد الأفريقي



UNION AFRICAINE UNIÃO AFRICANA

AFRICAN COURT ON HUMAN AND PEOPLES' RIGHTS COUR AFRICAINE DES DROITS DE L'HOMME ET DES PEUPLES

P.O Box 6274 Arusha, Tanzania, Tel: +255 27 2050111; Fax: +255 27 2050112

INTERNSHIP APPLICATION FORM

Part I – To be completed by	Applicant						
1. Family name:	First name:	Other names	Sex:				
			Male ()				
		NI di III	Female()				
2. Date of birth	City and country of birth	Nationality at birth:	Present				
(day/month/year):	Dirtii	birtii.	nationality:				
3. Marital status: Single ()	Married () Divorced()) Widow(er) ()					
4. Permanent address:		Tel.:					
		Fax					
	Email:						
5. Present address:	Tel.:						
		Fax					
		Email:					
6. Email address (es):							
7. In case of emergency,	Name:						
notify:	Address:						
	Phone:	Email:					
			1' '41				
8. Insurance : I hereby company.	onfirm that I hold a he	ealth/accident insur	ance policy with				
My policy number is:							
9. Have you ever done internship with any other African Union organ?							
Yes () No ()							
If yes, which AU organ, where and when?							
10. Which are your preferred to the control of the							
	. , , ,		,				
1							
2							
3							
11. Duration and period of int	ernshin (to be nrécised):						
The Daration and period of int	ornomp (to be precised)						

12. What language do you speak?								
13. Knowledge of languages of the Court: (Tick accordingly and specify Poor, Fair, Good or Excellent)		Enç	glish		French	l	Portuguese	Arabic
Read								
Write								
Speak								
Understand								
14. Computer skills (working	j wi	th Micro	osoft Off	ice	Word, Exc	el and	I PowerPoint)	
(Tick accordingly)		cellent		_	Good		Fair	Poor
Word								
Excel								
PowerPoint								
15. Education: (Starting with the most recent.	Ple	ase atta	ch copies	of	vour dearee	. certif	icates or diplor	nas)
	or te,	Years attend (From	led	De Qu	gree/Acade alification ained		Main Cours	
1.								
2.								
3								
4.								
5.								
16. Employment record (Starting with the most recent. Please attach copies of your certificates of service)								
Name and full address of er (Name, Type of business, web email, P.O Box, Phone, Fax)	npl	oyer		Du non	uration th/year) To	Ex	act title of you	ır post
1.								
2.								
3.								

Please provide main duties and	responsibilities corresponding	to each post cited above
1.	- soponoiomaso concoponding	to oddi poot oilou ubovo
2.		
3.		
17. Other relevant information:		
18. References (list three person qualifications)	•	•
Full name	Business or occupation	Full Address
1.		Postal
		Email
		Phone
2.		Postal
		Email
		Phone
2.		Postal
		Email
		Phone
19. Have you ever been arrested proceedings, or convicted, fined, offences)? Yes () No ()		
If yes, give full particulars of each		
20. I certify that the statements complete and correct to the best		e foregoing questions are true,
Date://	Signature:	

Part II – To be completed by Nominating or Sponsoring Organization (if any)
21. The following Sponsoring organization:
nominatesas a candidate to participate in the Internship
programme conducted by the African Court under its Internship Policy
22. The Sponsoring organization undertakes to assist financially the intern and to liaise with
him/her internship supervisor in order to provide guidance in the research.
Remark, if any:
23. Full name and address of Sponsoring Institution (University, College, Organization,
Government)
Government)
24 Simplying of partifying Officer
24. Signature of certifying OfficerDate:
Niema and Title
Name and Title
This application form must be forwarded to the African Court at least fifteen days before the
proposed date of commencement of the requested internship