



**DELEGATION OF THE EUROPEAN UNION TO SUDAN  
APPLICATION FOR INTERNSHIP**

1. Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

4. Social Security Number (if applicable) \_\_\_\_\_

5. Telephone Number: \_\_\_\_\_

6. E-Mail Address: \_\_\_\_\_

7. Education (please give dates):

<b>Name &amp; Location of School/University</b>	<b>Dates</b>	<b>Diplomas and/or Degree</b>	<b>Grade Point Average or Marks Obtained</b>

8. Dates available for internship: \_\_\_\_\_

9. Explain briefly why you wish to pursue an Internship at the Delegation of the European Union.

12. References: Please give the names, addresses and telephone numbers of two persons to whom you are not related and who are able to give a character reference and know your qualifications:

Full Name	Address	Telephone Number

13. How did you learn about the European Union Delegation internship?

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**Applicants are reminded to send via surface mail or fax or e-mail the following:**

1. **A cover letter,**
2. **A résumé or curriculum vitae,**
3. **An academic letter of recommendation,**
4. **A passport size photo**
5. **Filled Application Form**

Please send the above information to:

Delegation of the European Union to Sudan  
Political, Press and Communication Section  
Osman Digna Street Off Gamhoria Street  
Khartoum the Sudan

Tel: + 249 183 799 393

Fax: + 249 183 799 391

Email: [delegation-soudan@eeas.europa.eu](mailto:delegation-soudan@eeas.europa.eu)