

Delegation of the European Union to the International Organisations in Vienna

APPLICATION FOR INTERNSHIP/PERSONAL INFORMATION QUESTIONNAIRE

NAME (last, first): _____

SEX: _____

NATIONALITY: _____

1. Date and Place of birth: _____

2. Permanent address: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

3. Health Insurance:

Insured by:

Name of insurance carrier: _____

4. Dates available for internship: _____

5. Person to be contacted in case of emergencies:

Name: _____

Relationship: _____

Address: _____

Telephone number: _____