



CYPRUS
CHAMBER OF
COMMERCE AND
INDUSTRY



APPL. FORM 2 (INTERN)

LEADING BY EXAMPLE PROJECT

CROSS-COMMUNITY EXCHANGE INTERNSHIP PROGRAMME

APPLICATION FORM FOR INTERNS

This application form is completed by the young unemployed graduate

PERSONAL DETAILS

1. Family name(s):	2. First (and middle) name:	3. Date of birth (dd/mm/yy):	4. Place of birth:
5. Community (Greek or Turkish Cypriot) ¹ :		6. Home address:	
7. Telephone number:		8. Email address:	

INTEREST FOR INTERNSHIP

9. In which sectors of activity would you prefer to work as an Intern? Please list 3 in order of preference.

LANGUAGESKILLS

10. What is your mother tongue?

11. Other language(s)	READ			WRITE			SPEAK		
	Basic	Intermediate	Advanced	Basic	Intermediate	Advanced	Basic	Intermediate	Advanced
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ All applicants must be Cypriot citizens residing in Cyprus.

EDUCATION & TRAINING**12. University or equivalent**

NAME, PLACE and COUNTRY	ATTENDED FROM/TO		DEGREE OBTAINED	MAIN COURSES OF STUDY
	Month/Year	Month/Year		

WORK EXPERIENCE

Please include any work experience, if applicable.

EMPLOYER/PLACEMENT DETAILS	Dates (Month/Year)		Paid employment <input type="checkbox"/>	Funded Internship* <input type="checkbox"/> *Sponsor details:
	From	To		
			Voluntary work <input type="checkbox"/>	Unfunded internship <input type="checkbox"/>
Summary of main duties				

EMPLOYER/PLACEMENT DETAILS	Dates (Month/Year)		Paid employment <input type="checkbox"/>	Funded Internship* <input type="checkbox"/> *Sponsor details
	From	To		
			Voluntary work <input type="checkbox"/>	Unfunded internship <input type="checkbox"/>
Summary of main duties				

13. List of personal activities/interests.**14. List any previous cooperation/involvement with the other community, if applicable.**

15. SECURITY QUESTIONS	
a) Passport/ ID Number:	
b) Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?	
<div style="text-align: right;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>	
If yes, please give full particulars of each case in an attached statement.	

DECLARATION	
16. I declare that:	
<ul style="list-style-type: none"> • I am unemployed. • If my application for internship is approved, I will not seek employment elsewhere within the 3 months Internship Programme. • The statements made by me in this application form are true, complete and correct. I understand that any misrepresentation or material omission made on this form or other document requested by the CCCI and KTTO may lead to immediate termination of the internship. • I hereby confirm that I have read and accepted the <i>General Terms and Conditions</i> governing the "Leading by Example" Cross-Community Exchange Internship Programme. 	
CCCI and/or KTTO retain their right of demanding additional information or clarifications, as well as to investigate the data included in this application form.	
I consent to the publication of my name in the local media as an intern under the "Leading by Example" Cross-Community Exchange Internship Programme. Yes <input type="checkbox"/> No <input type="checkbox"/>	
SIGNATURE: _____ DATE (dd/mm/yyyy): ____/____/____	
ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION FORM	
Applicants are required to submit copies (not originals) of the following:	
<input type="checkbox"/>	Copies of university degrees and/or diplomas
<input type="checkbox"/>	Recognised English language proficiency certificate

FOR OFFICIAL USE ONLY	
Ref. Number: _____	
OFFICER SIGNATURE: _____ DATE (dd/mm/yyyy): ____/____/____	

Applications can be submitted from 15th May to 4th September 2015
and will be treated on a first-come first served basis until the required number of matchings between suitable intern-host applicants is completed.

All applications and supporting documents should be delivered/ sent to one of the following addresses either by hand or e-mail:

Cyprus Chamber of Commerce and Industry

Deligiorgi 3, 1066 Nicosia, 5th floor,

email: gvenizelou@ccci.org.cy

Attn: Ms. Georgia Venizelou

Turkish Cypriot Chamber of Commerce

90, Bedrettin Demirel Caddesi, Lefkoşa

email: saltuner@ktto.net

Attn: Ms. Saziye Altuner



European Union

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