**Application form for the Specialist Chambers and Specialist Prosecutor’s Office**

**INTERNSHIP Call for Contributions 1-2025**

**(for applicants from the Third Contributing States ONLY)**

**INSTRUCTIONS:**

Internship applicants, supported by their National Authorities, should send their application forms to the respective National Authorities. National Authorities nominating candidates are kindly requested to send the applications to the following email: [**schr@eeas.europa.eu**](mailto:schr@eeas.europa.eu).

Internship applicants applying directly are kindly requested to send their application forms to the following email: [**internship@scp-ks.org**](mailto:internship@scp-ks.org).

**Annex 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. APPLICATION DETAILS**   |  |  | | --- | --- | | **Post N°/title (specify the vacancy reference, compulsory)**  First priority:  Second priority:    Third priority: | **Sponsored application**[[1]](#footnote-1):  (please tick the box if you are supported by your National Authorities)  **Direct application**[[2]](#footnote-2):  (please tick the box if you are applying directly to the Specialist Chambers and Specialist Prosecutor’s Office) | | Are you willing to serve in the Specialist Chambers and Specialist Prosecutor’s Office in an internship position other than those specified above?  Yes  No |   **2. PERSONAL DATA**   |  |  |  |  | | --- | --- | --- | --- | | First name |  | Last name |  | | Birth date |  | Country of birth |  | | Passport no. |  | Gender | Male Female | | Present nationality |  | Other nationality/ies |  | | Driving licence | Yes No | If yes, category: |  |   **CLOSE FAMILY MEMBERS (SPOUSE/PARTNER, CHILDREN, IF ANY) AND REGULAR CO-HABITANTS**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** | **Relationship** | **Date of Birth (dd/mm/yyyy)** | **City/Country**  **of Birth** | **City/Country**  **of Residence** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **RELATIVES, INCLUDING SPOUSE/PARTNER, EMPLOYED IN THE SPECIALIST CHAMBERS AND SPECIALIST PROSECUTOR’S OFFICE OR THE EUROPEAN UNION**   |  |  |  | | --- | --- | --- | | **Relative’s Name** | **Relationship** | **Organisation** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **3. CONTACT DETAILS**   |  |  |  |  | | --- | --- | --- | --- | | **Home country address** | | | | | Street | | | Zip/postal Code | | Town/city | County/state/province | | Country | | Telephone no. | Mobile no. | Email address | | | **Alternative/current contact details** | | | | | Street | | | Zip/postal code | | Town/city | County/state/province | | Country | | Telephone no. | Mobile no. | Email address | |   **4. EDUCATION AND PROFESSIONAL TRAINING**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **University education or equivalent** | | | Attended (dd/mm/yyyy) | | | Name institution / university, place and country | Degrees/qualifications obtained  (Title of qualification awarded) | Main course/field of study | From: | To/Expected completion: | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **Secondary education and/or formal vocational education/training** | | | Attended (dd/mm/yyyy) | | | Name institution / university, place and country | Degrees/qualifications obtained  (Title of qualification awarded) | Main course/field of study | From: | To/Expected completion: | |  |  |  |  |  | |  |  |  |  |  | | **Other relevant courses/training** | | | | | | Name institution | Place and country | Course title | From: | To: | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

**5. WORK EXPERIENCE** (in reverse chronological order)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current/most recent** | | | | Current Yes No | | | |
| Organisation | Place and country | | Job title | | | Date From: | Date To: |
|  |  | |  | | |  |  |
| Description of tasks and responsibilities: | | | | | | | |
| Supervisor’s name: | | Email: | | | Phone No.: | | |
| **Previous position (1)** | | | | | | | |
| Organisation | Place and country | | Job title | | | Date From: | Date To: |
|  |  | |  | | |  |  |
| Description of tasks and responsibilities: | | | | | | | |
| Supervisor’s name: | | Email: | | | Phone No.: | | |
| **Previous position (2)** | | | | | | | |
| Organisation | Place and country | | Job title | | | Date From: | Date To: |
|  |  | |  | | |  |  |
| Description of tasks and responsibilities: | | | | | | | |
| Supervisor’s name: | | Email: | | | Phone No.: | | |
| **Previous position (3)** | | | | | | | |
| Organisation | Place and country | | Job title | | | Date From: | To: |
|  |  | |  | | |  |  |
| Description of tasks and responsibilities: | | | | | | | |
| Supervisor’s name: | | Email: | | | Phone No.: | | |

**6. OTHER SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Languages** (European level \*) | | | **Native language:** | | |
| Other languages | Speak | Write | | Read | Understand |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |

C1, C2 = Proficient; B1, B2 = Independent User; A1, A2 = Basic User

(\*) [Common European Framework of References for Languages](http://www.coe.int/T/DG4/Portfolio?L=E&M=/main_pages/levels.html)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Computer skills** | | | | | |
| Word processor |  | Web browsing |  | Presentations |  |
| Spreadsheets |  | Financial software |  | Project management |  |

C = Proficient User; B = Independent User; A = Basic User; N/A

**7. MOTIVATION AND ADDITIONAL INFORMATION**

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| --- |
| Please give a motivation for your application, covering your study profile and particular interest in this internship vacancy. Add any other information that might be relevant to your application, including any skills, knowledge and experience for which there was no space above. |
|  |

**8. FINAL QUESTIONS**

|  |  |
| --- | --- |
| **Please read and answer carefully all questions in the space provided.** | |
| a) Do you have any objections to our making enquiries with your current and/or former employer(s), including current or former supervisors, and/or with other persons appropriate for that purpose who you have referred to in the Application Form?  If yes, please provide details. | Yes  No |
| b) Do you have any chronic health problems, disabilities or other medical conditions for which you require any special arrangements in relation to working in the office or for work related travel?  If yes, please provide details. | Yes  No |
| c) Is a spouse/partner or any relative of yours, to the best of your knowledge:   * applying to this Call for Contributions; *or* * already undergoing a recruitment or selection process with the Specialist Chambers or Specialist Prosecutor’s Office?   If yes, please provide the name of the relative applicant and the title(s) of the position(s). | Yes  No |
| d) Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, sentenced or imprisoned for violations of any law (excluding minor traffic violations)?  If yes, please provide full details of each case. | Yes  No |
| e) Do you have now or have you had contact with any member of any Government Security or Intelligence Service in the last three years, including any contact in the course of your employment?  If yes, please provide details of each case. | Yes  No |
| f) Have you ever been refused a Personnel Security Clearance (PSC) or received a negative Criminal Records Check (CRC) from any government or security clearance agency?  If yes, please provide full details, also indicating for which positions. | Yes  No |
| g) Is any spouse/partner or relative, to the best of your knowledge:   * employed by; *or* * affiliated with; *or* * engaged in a contractual or other relationship with the Specialist Chambers or Specialist Prosecutor’s Office?   Such affiliations may include legal representation or participation in judicial proceedings or any other role in connection with proceedings before the Specialist Chambers.  If yes, please provide full details. | Yes  No |
| h) Do you have any other affiliation relevant to the position(s) you are applying for at the Specialist Chambers and Specialist Prosecutor’s Office?  If yes, please provide full details. | Yes  No |
| i) Do you have or have you ever had any personal, financial, professional connection or any other affiliations with Kosovo or neighbouring countries?  If yes, please provide full details. | Yes  No |
| j) Please indicate whether you have ever resided, been educated, had military and/or police service in those areas.  If yes, please give full details. | Yes  No |
| k) To the best of your knowledge, do you have any actual or potential conflict of interest in connection with the functions associated with the post for which you have applied?  A conflict of interest exists, for example, where the impartial and objective exercise of the functions associated with the post is compromised, or may be perceived to be compromised, for reasons involving family, emotional life, political or national affinity, economic interest or other direct or indirect personal interest.  If yes, please provide full details. | Yes  No |
| l) Has any disciplinary sanction ever been imposed on you?  If yes, please provide full details. | Yes  No |
| m) How did you find out about this Call for Contributions? | |
| n) How quickly would you be available for deployment in case of an internship offer? | |

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| --- | --- | --- |
| **Declaration of Honour and Understanding**  **By ticking the box “Yes” below and submitting this Application Form:**  I understand and accept that the Specialist Chambers and Specialist Prosecutor’s Office requires the highest level of personal and professional integrity from all its staff and interns  I hereby certify that the statements made by me in this Application Form are true, complete and correct to the best of my knowledge and belief. I understand and accept that any misrepresentation or material omission made on the Application Form may result in the application being void and withdrawal of any Offer of Internship or termination of Internship Agreement.  I agree that the information provided in my Application Form may be used in the screening process that forms an integral part of the selection procedure, during which the Specialist Chambers and Specialist Prosecutor’s Office may contact me for clarifications.  Yes | | |
| Place | Date | Signature *(typed name is sufficient)* |

**Important!**

If selected, you will be requested to supply documentary evidence which supports the statements you made above. Do not, however, send any documentary evidence until you have been asked to do so.

**Please submit the completed form in MS Word format with the title “SURNAME,Firstname.docx”**.

1. Application received through the National Authorities [↑](#footnote-ref-1)
2. Application sent by individual applicant [↑](#footnote-ref-2)