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

**INTERNSHIP Call for Contributions 2-2021**

**(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) |   **2. PERSONAL DATA**   |  |  |  |  | | --- | --- | --- | --- | | Last name |  | First name |  | | Birth date |  | Country of birth |  | | Passport no. |  | Gender | Male  Female | | Present nationality |  | Other nationality |  | | Driving licence | Yes  No | If yes, category: |  |   **RELATIVES EMPLOYED IN THE SPECIALIST CHAMBERS AND SPECIALIST PROSECUTOR’S OFFICE/EU/INTERNATIONAL ORGANISATIONS**   |  |  |  | | --- | --- | --- | | **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 | | | Skype 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: | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **Other relevant courses/training** | | | | | | Name institution | Place and country | Course title | From: | To: | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current/most recent** | | | | Current: (drop-down menu) | | | |
| 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.: | | |

**ADDITIONAL RELEVANT EXPERIENCE/INFORMATION**

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| --- |
| Do you have or have you ever had any personal, financial, professional connection or any other affiliations with Kosovo or neighboring countries?    Please indicate whether you have ever resided, been educated, had military and/or police service in those areas. If yes, please give full details. |

**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**

|  |
| --- |
| 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) 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 |
| b) 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 |
| c) Have you ever been refused a Security Clearance from any government or security clearance agency?  If yes, please provide full details, also indicating for which positions. | | | Yes  No |
| d) 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 |
|  | | | |
| 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 any 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) | |

If selected, you may be requested to supply documentary evidence, which supports the statements you made above.

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