



INTERNSHIP APPLICATION FORM

HCLA offers one to three months internships to young professionals and graduate students to put their knowledge and experience into practice, while performing certain tasks at the HCLA Network. Given the size of the HCLA's Network, only a limited number of internships can be offered throughout the year.

Selected applicants are responsible for meeting immigration requirements, arranging travel and accommodation and obtaining insurance coverage.

I. Personal Details

Form with fields for Surname, First name, Middle name, Nationality, Address, Email, Phone/Mobile and a photo placeholder.

II. Education and Qualifications (Submit additional pages, if required)

Table with 2 columns: Field of study, Institution/ University, Period of attendance, Degree(s) Awarded.

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III. LANGUAGE SKILLS (PLEASE ADD OTHER LANGUAGES NOT APPEARING ON THE LIST IF APPLICABLE)

Table with 5 columns: Language (English, Dutch, French, Spanish, Arabic, Chinese, Russian, Farsi, German) and skill levels (Native, Advanced, Intermediate, Beginner).



**IV. PROFESSIONAL EXPERIENCE (Submit additional pages, if required)**

Employer	
Title	
Period of employment	
Brief description of your duties and responsibilities	

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**V. PLEASE INDICATE YOUR AREAS OF INTEREST:**

Mediation & Arbitration  Financial and Business Consulting Services  Academic Affairs  Legal Services

**VI. PLEASE INCLUDE ANY ADDITIONAL INFORMATION YOU CONSIDER RELEVANT**

**VII. References (Please provide two)**

Name	
Position	
Address	
Telephone	
Email address	

Name	
Position	
Address	
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Email address	

**VIII. DECLARATION**

Submission of this application indicates your agreement to the following terms and conditions of HCLA internship:

- 1) To abide by the HCLA’s rules and standards;
- 2) HCLA may disclose your professional information to its members through the HCLA system;
- 3) HCLA may collect and use identifying information about you for the purpose of assessing your application;
- 4) An internship does not create any expectancy of future employment with HCLA;

I confirm upon my solemn oath that the information contained in this application form is true, complete and accurate.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_