



## SEAMEO STEM-ED INTERNSHIP PROGRAMME APPLICATION FORM

<b>1. Given Name:</b>		<b>Family Name:</b>				
<b>2. Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>3. Marital Status:</b>				
<b>4. Date of Birth</b> <i>(Day/Month/Year):</i>	<b>5. Place of Birth:</b>	<b>6. Present Nationality:</b>				
<b>7. Permanent Address:</b>		<b>8. Present Address:</b>				
Tel.: Fax: E-mail:		Tel: Fax: E-mail:				
<b>9. In case of emergency, notify:</b>						
Name:						
Address:						
Tel:						
<b>10. Proficiency in Language/s:</b>						
	<b>Read</b>		<b>Write</b>		<b>Speak</b>	
<b>Language</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
English						
Thai						
Others: <i>(Please specify)</i>						

<b>11. Computer Skills:</b>		
MS-Word	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MS-Excel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MS-PowerPoint	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MS-Project	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Website Design	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Graphic Design	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Multimedia Design	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Website Programming	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Database Design	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others ( <i>Please specify</i> ):		
<b>12. Other Skills and Knowledge:</b>		
Education ( <i>please specify areas of specialization</i> ):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Research	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Human Rights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gender	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cultural Issues ( <i>tourism, cultural heritage</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Statistics / Information Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HIV/AIDS /School Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information Technology	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Library Science	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conference Organizing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Planning and Analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GIS Analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Information/Journalism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others ( <i>Please specify</i> ):	<input type="checkbox"/> Yes	<input type="checkbox"/> No



**16. Specific research area or field of interest:**

**Please give/attach a brief description or outline of research or other work you would like to accomplish during your internship.**

**17. Career Plans:**

**18. Other Relevant Information:**

a) University scholarships or academic distinctions:

b) Publications (if any):

**19. Please indicate duration and period of time in which you will be available to intern:**

*(2-6 months maximum)*

Number of Months:

Possible starting date (mm/dd/year):

Possible end date (mm/dd/year):

**20. Please indicate interest to undertake Immersion Session:**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify preferred other SEAMEO Centres:

*Note: One-week 'Immersion Session' is optional and subject to approval or permission from the SEAMEO Center concerned. All expenses connected with the immersion session are the responsibility of the intern/volunteer or his/her sponsoring institution.*

**21. References: List three persons, not related to you, who are familiar with your character and qualifications.**

**Name 1:**

Full address:

Business/Occupation:

Phone/e-mail:

**Name 2:**

Full address:

Business/Occupation:

Phone/e-mail:

**Name 3:**

Full address:

Business/Occupation:

Phone/e-mail:

21. I hereby certify that the statements provided in response to the preceding questions are accurate, complete, and truthful to the best of my knowledge and belief. I affirm my commitment to adhering to SEAMEO STEM-ED's guidance.

.....  
Signature

.....  
Date

**Note:** Please email this form to [hrm@seameo-stemed.org](mailto:hrm@seameo-stemed.org) along with copies of your academic credentials and any other relevant documents (e.g., certificates, transcripts, recommendation letters).