



1. Personal Information:

First Name: Last Name: Middle Name (if any):
Gender (f/m): Date of Birth (dd/mm/yyyy): Place of Birth (city/country):
Present Nationality: Nationality at Birth:
Present Address (street, apartment, city, country, code):
Permanent Address (street, apartment, city, country, code):
Phone (home): Phone (work): Phone (mobile): Email:

2. Education:

Present University or Institutional Affiliation (name, city, country):
Area of Study:
Expected Degree (final year of undergraduate, master, doctoral, any post-graduate diploma):

Date Degree Started (dd/mm/yyyy): Expected Date Degree(dd/mm/yyyy):

Undergraduate Degree (university name, city, country):

Area of Study: Degree Granted:

Dates of your Intended Internship Period:

From (dd/mm/yyyy): To (dd/mm/yyyy):

(Interns may be accepted for a minimum of 8 weeks to a maximum of 6 months)

Select one option:

I am enrolled in a graduate program or will be by the internship start date

I am in my final academic year of a first university degree

I have graduated with a university degree

3. DLI Internship Location, Unit, and Hours :

DLI HQ (Brussels, BE)

Full-time (40 hours per week)

Part-time (please specify the hours requested and why):

4. Statement of Understanding of the Conditions of the Internship

I accept the internship, which has been awarded to me by DLI and understand the following:

- a) **Status:** Although not considered a staff member of DLI, I shall be subject to the authority of the Executive Director and the authority delegated by her to the Section Heads, Advisors and the Programme Directors and other DLI staff members.
- b) **Financial Support:** I shall not be paid by DLI and must make my own arrangements for living expenses. Travel costs to and from the duty station and living accommodation are also my own responsibility or those of the sponsoring institution.
- c) **Medical Health Coverage:** DLI accepts no responsibility for costs or fatality arising from illness or accidents incurred during the internship; therefore, I must carry adequate and regular medical insurance. I will be covered by the

following health insurance during the internship period (your application will not be processed unless you provided photocopies of your medical insurance card or policy).

Medical:

- d) **Passports and Visas:** I am responsible for obtaining necessary passport and visas when required. DLI will issue only a letter stating acceptance of an individual as an intern and the conditions governing the internship. *If you do not have a valid visa, or not required to have one, please inform us.*
- e) **Confidentiality and Publication of Information:** As an intern, I will respect the confidentiality of information that I collect or am exposed to at DLI. No reports or papers may be published based on information obtained from DLI without the explicit written authorisation of the Executive Director.
- f) **Employment Prospects:** The DLI Internship Programme is not connected with employment and there is no expectancy of such. Interns cannot apply for posts advertised internally to staff during the period of the internship or for the six months immediately following the expiration date thereof.

I undertake the following obligations with respect to the DLI internship programme:

- g) To observe all applicable rules, regulations, instructions, procedures and directives of the Institute;
- h) To refrain from any conduct that would adversely reflect on DLI and will not engage in any activity which is incompatible with the aims and objectives of DLI;
- i) To respect the impartiality and independence required of DLI and shall not seek or accept instructions regarding the services performed from any authority external to the Institute;
- j) To keep confidential any and all unpublished information made known to me by DLI during the course of my internship that I know or ought to have known has not been made public, and except with the explicit authorisation of DLI, not to publish any reports or papers on the basis of information obtained during the programme, both during and after the completion of my internship;
- k) To provide the office with a copy of all materials prepared during my internship;
- l) To provide immediate written notice in case of illness or other circumstances which might prevent me from completing the internship;
- m) To complete the internship evaluation questionnaire at the end of my internship and to submit it to the person in charge of the internship programme;
- n) To return my identification pass, keys and other DLI physical and logical access materials to the person in charge of the internship programme at the end of my internship.

Please sign this agreement and email it to DLI Human Resources, intern.application@dlia.org with the subject line "Signed Internship Agreement."

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the DLI Internship Agreement or other document requested by the Institute renders an internship with the DLI liable to termination.

Signed: _____ Date: _____