



INTERNSHIP APPLICATION FORM

Please specify the program you are applying for by ticking the appropriate box below :

- HIGH SCHOOL INTERNSHIP
- EARLY UNIVERSITY INTERNSHIP PROGRAM FOR YEAR 1 & 2
- GRADUATE UNIVERSITY INTERNSHIP PROGRAM YEAR 3 AND MASTER'S LEVEL
- INTENSIVE GRADUATE INTERNSHIP PROGRAM YEAR 3 AND MASTER'S LEVEL
- PROFESSIONAL INTERNSHIP PROGRAM (POST INTERNSHIP OR POST MASTER'S LEVEL)

APPLICANT DETAILS

NAME

MOBILE

EMAIL

ADDRESS

DATE OF BIRTH

DATE OF SIGN UP

HOW DID YOU HEAR ABOUT US?

EMERGENCY CONTACT / RELATIONSHIP TO YOU

EDUCATION

UNIVERSITY / SCHOOL

LEVEL & YEAR OF STUDY

START & FINISH DATE

MAJOR



INTERNSHIP APPLICATION FORM

EXPECTATIONS AND NEEDS

WHY ARE YOU APPLYING FOR THE INTERNSHIP ?

PLEASE WRITE YOUR 3 GOALS FOR THE INTERNSHIP

PLEASE MENTION ANY REQUIREMENTS FROM YOUR UNIVERSITY, IF ANY

WHY ARE YOU THE RIGHT CANDIDATE FOR THIS INTERNSHIP

PLEASE MENTION YOUR WORK EXPERIENCE, IF ANY

WHAT WOULD YOU LIKE TO LEARN DURING THE INTERNSHIP

PLEASE MENTION YOUR PREVIOUS INTERNSHIPS (CENTRES, DURATIONS ETC.)



INTERNSHIP APPLICATION FORM

EXPECTATIONS AND NEEDS

WHAT SKILLS WOULD YOU LIKE TO ACQUIRE DURING THE INTERNSHIP

ARE YOU PLANNING TO UNDERTAKE POSTGRADUATE STUDIES

WHAT ARE YOUR AREAS OF INTEREST IN PSYCHOLOGY?

WHAT ARE YOUR STRENGTHS THAT YOU WILL BE BRINGING TO THIS PROGRAMME?

DO YOU HAVE ANY SPECIFIC NEEDS AND REQUIREMENTS?

HOW MANY HOURS OF INTERNSHIP DOES YOUR UNIVERSITY REQUIRE?

YOUR STATEMENT (YOU CAN INCLUDE ANYTHING HERE TO SUPPORT YOUR APPLICATION)



INTERNSHIP APPLICATION FORM

YOUR LEARNING STYLE

- I LEARN WELL THROUGH LECTURES
- I LEARN WELL THROUGH HANDS-ON ACTIVITIES
- I LEARN WELL IN A GROUP
- I LEARN WELL THROUGH SELF-STUDY
- I LEARN WELL ONLINE
- I LEARN WELL THROUGH RESEARCH

OTHER

YES NO

I am aware of the program cost and prepared to pay the fees in full within 3 days of my acceptance YES NO

Are you in personal therapy at the moment? YES NO

Are you taking any medication at the moment? YES NO

If yes, please specify the medication that you are taking:

Preferred start date:

Please mention anything else that may be important, but is not asked on the form:

DATE AND SIGNATURE :
