



Application form for the Kosovo Specialist Chambers and Specialist Prosecutor's Office

INTERNSHIP

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@ccas.europa.eu.

Internship applicants applying directly are kindly requested to send their application forms to the following email: internship@scp-ks.org.

Annex 2

1. APPLICATION DETAILS

Position (specify the position reference number and title, compulsory):	Sponsored application¹: <input type="checkbox"/> (please tick the box if you are supported by your National Authorities) Direct application²: <input type="checkbox"/> (please tick the box if you are applying directly to the Kosovo Specialist Chambers and Specialist Prosecutor's Office)
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2. PERSONAL DATA

Last name		First name	
Birth date	(dd/mm/yyyy)	Country of birth	
Passport no.		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Present nationality		Other nationality	
		If yes, category:	

3. CONTACT DETAILS

Home country address		
Street		Zip/postal Code
Town/city	County/state/province	Country

¹ Application received through the national authorities

² Application sent by individual applicants

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

4. EDUCATION AND PROFESSIONAL TRAINING

University education or equivalent			Attended (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: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Organisation	Place and country	Job title	Date (mm/yyyy)	
			From:	To:
Description of tasks and responsibilities:				
Supervisor's name:		Email:	Phone No.:	
Previous position (1)				
Organisation	Place and country	Job title	Date (mm/yyyy)	
			From:	To:
Description of tasks and responsibilities:				

Supervisor's name:					Email:		Phone No.:	
Previous position (2)								
Organisation		Place and country		Job title		Date (mm/yyyy)		
						From:	To:	
Description of tasks and responsibilities:								
Supervisor's name:					Email:		Phone No.:	
Previous position (3)								
Organisation		Place and country		Job title		Date (mm/yyyy)		
						From:	To:	
Description of tasks and responsibilities:								
Supervisor's name:					Email:		Phone No.:	

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](#)

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.

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8. FINAL QUESTIONS

Please read and answer carefully all questions	
Do you have any chronic health problems, disabilities or other medical conditions that would limit your physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you regularly taking any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is any relative of yours, to the best of your knowledge, working in the Kosovo Specialist Chambers and Specialist Prosecutor’s Office? If yes, please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted or sentenced in any criminal proceedings (excluding minor traffic violations)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you responded “yes” to any of the previous questions, please provide details	
By submitting this application form, 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 Application Form will result in the application being void and will result in termination or dismissal from the Kosovo Specialist Chambers and Specialist Prosecutor’s Office.	I agree: Yes <input type="checkbox"/> No <input type="checkbox"/>
Place	Date
Signature (typed name is sufficient)	

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

Please submit the completed form as a MS Word Document