EUPHAnxt

**Informal Internship Programme**

**Interest Form**

The goal of EUPHAnxt’s Informal Internship Programme is to put students and young professionals interested in doing an internship in a public health related field in contact with relevant European public health professionals. In order to do that, please fill out the short form indicating your background and interest.

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| --- | --- |
| Personal Information | |
| Name: |  |
| Age: |  |
| Your background: |  |
| Current country of residence: |  |
| E-mail address: |  |
|  | |
| **Internship Interest** | |
| Time period: |  |
| Field of interest: |  |
| Why does this field interest you? |  |
| Please specify what you want to learn, gain from the internship: |  |
| Any previous experience you have within this field: |  |
| 3 countries of preference:(A place in one of these country cannot be guaranteed) |  |

We will try to assist you in finding an internship in the field and country of your interest. However, please note that filling out this form does not guarantee you an internship place.