



Application for an internship at the Uganda Virus Research Institute

This application form must be accompanied by your curriculum vitae.

The completed form, with the CV, should be sent to Moses Kizza
(mkizza@uvri.go.ug; enyanzi@uvri.go.ug tel 0752 626628/0704166033)

Personal details	
Name	
Institution	
Course of study	
Year of study (or date when you completed, for graduates)	
Your telephone contact	
Your e-mail contact	
Your facebook contact	

Details of the next of keen	
Name	
Contacts (email (s) & phone number)	
Physical Address	
Contacts in case of emergency	
Alt telephone contact	
Alt e-mail contact	
Physical address	
Health condition of the applicant	
Any chronic condition that should be attended to	
Name email and phone number of physician to contact	
Name of the hospital/clinic to contact	
Physical address of the clinic	
Do you have an insurance policy (please give details of the policy below)	

Internship-Academic details

Dates: please indicate proposed start/end dates for your internship

Start	
End	

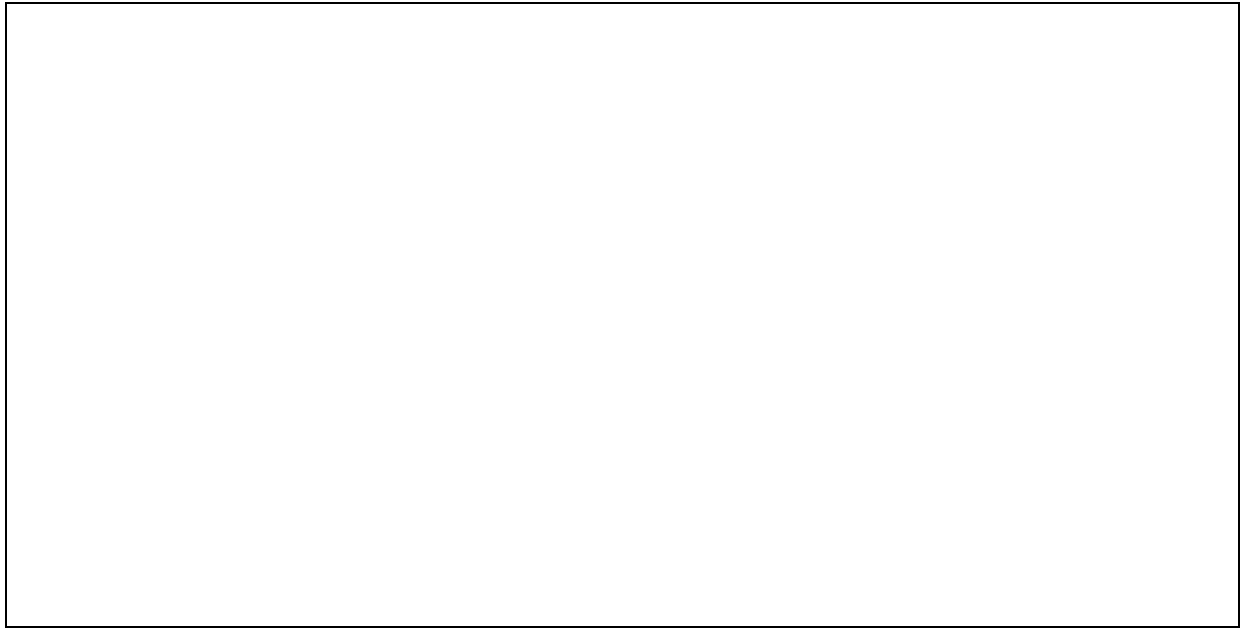
Type of internship: please indicate (✓) which type of internship you are applying for.

Senior 6 Vacation (note that these are only given in special circumstances)	
Current undergraduate	
New Graduate (within two years of completing a Bachelor's degree)	
Other (please specify).....	

What is (are) your area(s) of interest? please indicate (✓) all areas of interest

Accounts	
Administration	
Basic Science Laboratory	
Clinical Laboratory	
Counselling	
Community work	
Ecology	
Entomology	
Information technology	
Mathematical modelling	
Medical student	
Nursing student	
Social Science	
Statistics	
Electrical engineering	
Other	Specify:.....

Please describe in space provided below why you would like to undertake an internship at UVRI
(maximum 300 words)



Official Use only	Placement		Dates	
	Programme			