



UBC RESEARCH FORESTS APPLICATION FOR INTERNATIONAL INTERNSHIP PROGRAM

PERSONAL INFORMATION

Name (first, last)	Gender (male/female)	Birthdate (dd/mm/yyyy)

Mailing Address

Permanent Address (if different from above)

Telephone Number	Skype Name	Email Address

Institution of Study	
Program of Study	Year
Field of Interest	

PROGRAM PREFERENCES

Preferred Start Date (Note: preference is given to spring/summer starts)
Preferred Length of Stay (Note: preference is given to internships of two months or longer in duration)
Preferred location: Malcolm Knapp Research Forest (Maple Ridge, BC) or Alex Fraser Research Forest (Williams Lake, BC)

PAST WORK EXPERIENCE

To help us choose appropriate candidates for the Internship Program, we need to know some information about your past work experience, particularly that which is forestry related. If you require more space, please include an additional sheet of paper or a resume detailing your work experience.

	Job Title	Dates worked	Duties
1			
2			
3			

What skills have you acquired through your work experience that you think make you a good candidate for the International Internship Program?

Please provide the name(s) of at least one reference from your school or work experience. If you are chosen for a telephone interview, we will be contacting these references via email or telephone to obtain a personal reference for you.

	Name/Position	Telephone Number	Email Address
1			
2			

ABOUT YOURSELF – YOUR GOALS AND MOTIVATIONS FOR PARTICIPATING IN THE INTERNATIONAL INTERNSHIP PROGRAM

To help us decide if we can offer you a placement in our International Internship Program, we need to know something about your career goals and motivation for coming to British Columbia. Please write a page or two explaining why you are interested in coming to Western Canada, detailing your areas of interest within the field of forestry, and explaining your specific goals in coming to British Columbia. Tell us where you see yourself in ten years, and how you think this internship experience will help you achieve your goals.

MEDICAL INFORMATION

Do you have any medical conditions that might affect your time here? yes no
Include information on allergies, particularly to bees and wasps.

If you answered yes, please detail in the space below. Please note that in most instances, this would not prevent you from coming, but the information is needed so we can be prepared.

Note that you are **required** to have medical coverage in order to participate in the International Internship Program. We do not offer medical coverage through this program, so you should arrange coverage through a company in your own country.

ENGLISH COMPREHENSION

For safety reasons, we require that your ability to communicate in English be at least at an intermediate level (if English is not your first language).

Please have one of your lecturers or student advisors certify the following:

Applicant's Name

I believe the above named student is:

- Capable of speaking, reading and comprehending English at an intermediate level.

Name/Position	Signature

Please either print this form, have your advisor or lecturer sign it, and return it to us, or have your advisor or lecturer advise us as to your comprehension using **their own** email address (send to cathy.koot@ubc.ca).