

**ANZCCJ INTERNSHIP APPLICATION FORM**

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| Applicant’s name: |  |
| Date of birth: |  |
| Current address (or expected address during internship): |  |
| Period of study in Japan (if applicable): | *From: (month/year)**To: (month/year*) |
| University: |  |
| Nationality: |  |
| Dates proposed for the internship: | *From: (month/year)* *To: (month/year)* |
| Availability during internship period: | *Days:**Hours:* |
| Language skills: | *English:* |
| *Japanese:* |
| *Other (specify) :* |
| How did you learn about the ANZCCJ internship program? |  |
| How do you think this internship will fit within your career plan?  |  |
| Emergency Contact: | *Name:**Email address:**Phone number:* |

SUBMISSION: Send this form, your CV and a brief statement of why you wish to join the Australian and New Zealand Chamber of Commerce in Japan (ANZCCJ) Internship Programme to ANZCCJ Executive Director, Craig Usmar.

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www.anzccj.jp