



The General Delegation of Palestine to Australia, New
Zealand and the Pacific

Internship Program Application Form

Family Name

First/Given Name

Date of Birth Day/Month/Year

Your Address

Contact number(s)

Email Address

1. What do you expect to achieve through the completion of the internship program?

2. How did you hear about the GDOP internship program?

3. Why are you interested in interning at the GDOP?

4. What is the preferred duration of your internship? (e.g 3 months, 6 months)

