



# Internship Application Form

**FLC** GREAT POTENTIALS IN KIND GESTURES

Thank you for your interest in an internship experience with The Friends of Little Children (FLC) charity. Email [enquiries@friendsoflittlechildren.org](mailto:enquiries@friendsoflittlechildren.org) for any assistance.

Completed form should be emailed to [efua@friendsoflittlechildren.org](mailto:efua@friendsoflittlechildren.org)

All the information you provide on this form is confidential and will not be passed on to a third party. FLC complies with Data Protection legislation.

<b>Where did you see this role advertised?</b>	
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## Please tell us about yourself

<b>Title</b>		<b>Forename(s)</b>	
<b>Surname</b>			
<b>Address with post code or region</b>			
<b>Country</b>			
<b>Date of birth</b>			
<b>Phone number: WhatsApp number:</b>			
<b>Email</b>			
<b>Religion</b>			
<b>Gender (M/F)</b>			
<b>Contact details for Reference (Academic or Work reference)</b>	Name: Address: Email Address: Number (With country code):		
<b>Emergency contact:</b> (Name, relationship to you & contact number)			
<b>Best contact</b>	Phone <input type="checkbox"/>	Text <input type="checkbox"/>	
	Email <input type="checkbox"/>	WhatsApp <input type="checkbox"/>	



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## Duration of Internship Required (Tick one)

Internship Start Date:

3 months	6 months	9 months	12 months	15 months or more

## Why would you like to be an intern with Us? (You can tick more than one box)

I am interested in working with FLC in future		I want to share my skills and experience to help others	
I believe in this cause		I want to help end isolation for the disabled	
I have a friend or family member affected by disability		I want to develop new skills to start my own business or organisation	
To keep myself busy		Something productive to do with my time	
To make myself more employable		Give something back in my community	

## Choose background education or work experience (You can tick more than one box)

Administration		Family Support	
Education (Teaching and Learning)		Outreach and community work	
Health or Medical		Finance Department	
Therapy Department		Legal Background	
Customer care		Domestic and maintenance team	
IT/Social Media/ Multimedia		Creative and Artistic	
Research		Newsletters, Journal and Book Publication	
Provide more information:			



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## Education and Qualifications:

Please also include any relevant professional qualifications.

Name of Institution (e.g. School, College or University)	Dates Attended		Courses/Subjects Taken and Examination Results or Award
	From (Month/Year)	To (Month/Year)	

## Details of Present or Most Recent Employment:

Post Held	
Responsibilities Held (if applicable)	
Dates Employed from and to (Month/Year)	
Type, Name and Address of organisation	
Last Salary Details	
Reason for Leaving (if applicable)	



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## Intern Skills Audit Form

This section should be filled out by interns to identify the skills brought to the organisation.

Level of expertise: 1 = highly experienced, 2 = proficient, 3 = some experience, 4 = no experience

Skills, expertise, knowledge qualifications	Level of Expertise				Comments
	1	2	3	4	
Active Listening					
Reception Duties					
Presentation skills					
Public speaking skills					
Event Organising					
Snack Preparation					
Customer Care					
Poster Creation					
Certificate Designing					
Website Expertise					
Social Media promotion					
Blogging					
Creative Media Development					
Fundraising					
Auditing					
Photography					
Filming					
Team Building					
Project management					
Enterprise/business development					
Facilitating meetings					
People Development/Training					
Human Resources					
PR/communications					
Marketing					
IT/systems					
Property Maintenance					
Service user/beneficiary of the organisation					
Volunteering experience					
Governance/Leadership					
Other (Specialist experience or qualification relevant to voluntary organisations e.g. campaigning, advice, influencing, Board or Committee Experience etc.)					



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## Motivation

Do you have any other reasons for wanting to be an intern of this organisation?

## Diversity

A diverse team can reflect and support the delivery of an organisation's mission. Do you have a specific service user experience, social or family experience, background or general interests or hobbies that will support the goals of the organisation?

**Name:** .....

**Date:** .....

**Electronic Signature/Initials:** .....

Completed form to be emailed to [efua@friendsoflittlechildren.org](mailto:efua@friendsoflittlechildren.org)

## Equality Monitoring Form

*Please tick whichever boxes apply. If you prefer not to provide certain information, please leave the box blank.*

**Gender:** Female  Male  Prefer to self-describe  :

**Age:** 16-24  25-34  35-44  45-54  55-64  65+

**Disability:** Do you consider yourself to have a disability? Yes  No



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**Ethnicity** How would you describe your ethnic group?

