Attestation regarding the internship offer

Who has to fill in this questionnaire?

The supervisor of the intern or an officer of the HR-services of the Multilateral Organization has to fill in this attestation.

Flanders Department of Foreign Affairs

T | +32 2 553 61 53  
E | [stages@buza.vlaanderen](mailto:stages@buza.vlaanderen)

W | fdfa.be/ftp

[](https://www.linkedin.com/in/ftp-flanders-trainee-programme-72492218/)[](https://www.instagram.com/flanderstraineeprogramme/?hl=nl)[Afbeelding met teken, lucht, buiten

Beschrijving is gegenereerd met hoge betrouwbaarheid](https://www.facebook.com/FlandersTraineeProgramme/)

# CONTACT

## Fill in your personal identification

|  |  |
| --- | --- |
| NAME: |  |
| FUNCTION: |  |
| MULTILATERAL ORGANIZATION: |  |
| UNIT / DEPARTMENT: |  |
| STREET AND NUMBER: |  |
| POSTAL CODE AND CITY: |  |
| COUNTRY: |  |
| PHONE: |  |
| E-MAIL: |  |

# Information about the internship

## name of intern

|  |  |
| --- | --- |
| NAME: |  |

## ATTESTATION

1. The undersigned certifies that the above-mentioned intern will be interning at:

|  |  |  |
| --- | --- | --- |
| Multilateral organization |  | |
| Unit or department | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FROM | DAY |  | MONTH |  | YEAR |  |
| UNTIL | DAY |  | MONTH |  | YEAR |  |

1. The undersigned certifies that the above-mentioned intern will be interning at

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE | DAY |  | MONTH |  | YEAR |

## SIGNATURE

|  |
| --- |
| Please send this form to [stages@buza.vlaanderen](mailto:stages@buza.vlaanderen) (CC the intern!)  Make sure to mention the name of the intern in the heading of your e-mail  Thank you! |