





Welsh Government Internship Application Form

- Please complete this form electronically. Make sure all information fields are completed.
- You should discuss applying for an internship with your main supervisor and work out how it would fit with your PhD project and associated training.

| Title: Initials: | Surname: |
|--------------------|----------|
| School/Department: | |
| University: | |
| WGSSS Pathway: | |
| Address: | |
| | |
| | Postcode |
| Year of PhD Tel: | Email: |
| PhD Title: | |

INTERNSHIP POSITION

Please tick the appropriate box(es) to indicate your project preferences. You may select one first-choice project and, if desired, one second-choice project.

| Project | 1 st Choice | 2 nd Choice |
|---|------------------------|------------------------|
| Mentrau laith (3 months) | | |
| Student Academic Experience Survey (SAES) (5 months) | | |
| Cadw Topographic Naming Research (6 months) | | |
| The relationship between economic growth and poverty reduction (3 months) | | |

INTERNSHIP START DATE

It is expected that a student will work with their supervisor to update their PhD project plan to include time off for an internship opportunity. For the benefit of successful completion, it is strongly advised that planned leave and key PhD commitments do not overlap with the period of an internship.

Please indicate your preferred start date for the internship in the box below.

| Proposed Internship Start Date | |
|--------------------------------|--|
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Please write up to a **maximum of 300 words** setting out why you feel you would be suitable for this internship. It would be helpful if you could include:

- a) Relevant aspects of your background, experience and skills;
- b) What you feel you could bring to the role;
- c) What you feel the internship would mean for your career development.

SUPERVISOR DETAILS

| Main supervisor | | | | | | | |
|---------------------------|-------------|-------------|------|-------|---|----|--|
| Main supervisor's email a | address | | | | | | |
| | | | | | | | |
| Does your main supervis | oort for yo | ur applicat | ion? | Yes | | | |
| (please check box) | | | | | | No | |
| | | | | | | | |
| | | | | | | | |
| Student Signature: | | | | Date: | | | |
| Print Name: | | | | | l | | |
| | | | | | | | |
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Completed application forms should be emailed to enquiries@wgsss.ac.uk