**Internship application**

**To be filled by the trainee**

1. **The educational institution**

|  |  |
| --- | --- |
| Name |  |
| Phone number |  |
| Mobile |  |
| Address |  |
| Email |  |
| University Official |  |
| Title |  |
| Phone number |  |
| Mobile |  |
| Email |  |

1. **The trainee**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name |  | | | | | |
| Name |  | | | | | |
| Gender |  | | | | | |
| Date of birth |  | | | | | |
| Phone number |  | | | | | |
| Mobile |  | | | | | |
| Address |  | | | | | |
| Email |  | | | | | |
| Nationality |  | | | | | |
| Specialization |  | | | | | |
| Academic year |  | | | | | |
| Hours of training periods |  | | | | | |
| Directorate | National News Agency | Radio Lebanon | | Studies and Social Media | | Tele Liban |
|  |  | |  | |  |
| Training Materials |  | | | | | |
| Language | Arabic | | French | | English | |
|  | |  | |  | |
| Date | From: | | | | To: | |

**To be filled by the Ministry of Information**

1. **The trainer**

|  |  |
| --- | --- |
| First name |  |
| Name |  |
| Directorate / Department |  |
| Title |  |
| Phone number |  |
| Mobile |  |
| Email |  |
| Trainee number |  |

**Training hours**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Hours | Directorate / Department | Trainee | Trainer |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |
| Public Holidays |  |  |  |  |