



## STUDENT INTERNSHIP APPLICATION FORM

Thank you for your interest in interning with RAHI. We request you to fill this form. The form is divided into 2 sections, preceded by a section where you need to provide your personal information. Section 1 will help us understand your skills, gifts, strengths and needs, as well as your motivation for your internship.

The information you provide us in Section 2 is more personal in nature. **It will be kept strictly confidential.** We understand we are asking you for sensitive information. The reason we are doing so is because working in the area of incest/child sexual abuse can be difficult and sometimes counter-productive for your well-being. We need this information so we can take care to provide a safe space for you if you join us and also see that your time with us is productive.

### Personal Information

Name:	DOB:	
College:	Subject:	Year:
Address:		
Mobile:	Email:	

### Section 1

1. How did you get to know about RAHI?
2. Why do you want to intern with RAHI?
3. What are your expectations from your internship with RAHI?
4. What do you see as your benefits in interning with RAHI?
5. What will be the duration of your internship with RAHI (please specify dates & timings)?
6. Is this internship a part of your curriculum requirements at college?
7. What skills/talents/interests do you have? (writing, drawing, music, theatre, computer, research, fundraising, communication etc)

8. Are you a part of any society in your college/community? If so, which one and what is your role in it?
9. Have you worked with an NGO before? If so, with whom, for how long, what was your role and experience?

**Section 2**  
**(Confidential Information)**

1. Have you experienced any kind of sexual abuse while growing up? Write “yes”, “no” or “can’t say”.
2. If yes, have you sought any counselling for it? Spoken to friends? Others?
3. If you are in counselling, have you spoken to your counsellor regarding your internship with RAHI?
4. Are you opting to intern because you feel that it will help you deal with your experiences of sexual abuse?
5. Are you currently being sexually abused?
6. Is there any form of disturbance within your family? (Domestic violence, alcoholism, emotional abuse, divorce, separation, etc)
7. Any other information you want to add.

**Thank you for completing the form.**

Date.....