

Student Internship Program

 **STUDENT APPLICATION FORM**

For veterinary medicine students or veterinary technicians wishing to apply for a position at the veterinary medicine reference hospital.

**Student Internship Application Form**
1. Personal Information

        •      First Name:
        •      Last Name:
        •       Date of Birth:
        •       Gender:
        •       ☐ Male
        •       ☐ Female
        •       ☐ Other
        •       ☐ Prefer not to say
        •       Citizenship:
        •       Email:
        •       Phone number (with country code):
        •       Address:
        •       City:
        •       State/Region:
        •      Country:
        •      Postal Code:

2. Academic Information

        •       University/College name:
        •       Study program:
        •       Current year of study (e.g., 3 of 5):
        •       Expected graduation date:
        •       GPA (if applicable):
        •       Academic advisor (first name, last name):

        •       Advisor's email:

3. Internship Information

        •       Preferred internship start date:
        •       Preferred internship duration (e.g., 2 months, 6 months):
        •       Areas of interest (check all that apply):
        •       ☐ Internal Diseases
        •       ☐ Surgery
        •       ☐ Diagnostic Imaging
        •       ☐ Laboratory Diagnostics

  •      ☐ Orthopedics/Traumatology
        •       ☐ Emergency Medicine
        •       ☐ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        •       Do you have any previous internship experience?
        •       ☐ Yes (if yes, please briefly describe below)
        •       ☐ No
        •       Briefly describe your motivation for wanting to do an internship at our clinic:

4. Document Upload

        •       CV (Resume)
        •       Motivation Letter
        •       Academic Transcript
        •       Letter of Recommendation (if available)
        •       Additional Documents (if any)

*Please attach documents to the email when sending this form.*

5. Language Skills

        •       What languages do you know and at what level? (e.g., English - C1, German - B2):

6. Additional Information

        •       Do you have any special needs or requirements regarding the internship? (e.g., accommodation, medical assistance, etc.):

        •       Additional comments or questions:

7. Consents and Privacy Policy

☐ I agree that my submitted personal data will be used only for internship process purposes according to the privacy policy.
☐ I agree to receive additional information about other opportunities and programs at the clinic.

8. Confirmation

        •       ☐ I confirm that the information provided is true and accurate.
        •       Signature (type your name):
        •       Submission date:

**Contact Information:**

Please send this application form to: jovydasbajorinas@gmail.com

**Remember to attach the documents mentioned above.**

If you have any questions about submitting your application or other internship-related inquiries, please contact the reference hospital manager at: jovydasbajorinas@gmail.com

This application form will help us better understand your goals and expectations and ensure that the internship program is beneficial for both you and our clinic. We look forward to receiving your applications and hope to work together!