

KWAZULU-NATAL DEPARTMENT OF PUBLIC WORKS



INTERNSHIP APPLICATION FORM

<p>Please print when completing this form. Mark appropriate blocks with an "X" Failure to complete this application form fully and correctly may prejudice the applicant's chances of participating in the Internship programme</p>	<p>Submit the completed application form, and the relevant attachments to the Deputy Manager: Human Resource Development and post to Private Bag X9142, Pietermaritzburg, 3200</p>
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PERSONAL PARTICULARS

FULL NAMES: _____

SURNAME: _____

IDENTITY NUMBER: _____

DATE OF BIRTH: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE NUMBER: (____) _____

FAX NUMBER : (____) _____

CELL PHONE NUMBER: _____

Alternate contact number: _____

Email address _____

NATIONALITY: **South African/** _____

Marital status:
Single/Married/Divorced/Widowed

GENDER: **Male/female**

DISABILITY: **YES/NO** _____

RACE: **Black/Coloured/Indian/ White**

Are you currently employed? **YES/NO** If
 yes, please elaborate _____

<p>Have you ever been convicted of a criminal offence, dismissed from employment or requested to resign? YES/NO If the answer is yes please furnish full details on a separate sheet of paper.</p>	<p>Did you consult a vocational counselor regarding your choice of study? YES/NO</p>
<p>Have you previously received a Public Service Bursary? YES/NO If yes – please provide details _____</p>	
<p>Were you previously a recipient of any other bursary/loan? YES/NO If the answer is yes please indicate the name of the authority and the amount _____ Nature of obligations: _____</p>	
<p>Have all the obligations of any other bursary been fulfilled? YES/NO</p>	
<p>Have you completed your studies? _____</p>	
<p>Name of the qualification you are studying towards/completed _____</p>	
<p>What are the major subjects for the degree/diploma? _____</p>	
<p>Number of years you have studied for _____</p>	
<p>Name of tertiary institution you have been attending _____</p>	
<p>Date of completion of qualification: _____</p>	
<p>Date available to begin Internship training: _____</p>	
<p>Have you registered with any Professional Council? Please provide details. _____ _____</p>	

QUALIFICATIONS

Highest standard passed:

Name of school attended:

Town/city:

UNIVERSITY AND/OR OTHER POST SCHOOL TRAINING/STUDIES

Are you presently enrolled at a tertiary institution?

YES/NO

Name of institution:

List the subjects passed thus far:

Address of institution:

Current year of study: _____

Name of degree:

What is the remaining duration of your current studies as prescribed by the tertiary institution

List the subjects that still need to be completed to obtain the relevant qualification:

Please indicate the year you started studying for the current course of studies:

Have you ever failed any year of study? **Yes/No** Which year? _____

DECLARATION:

I declare that all the information provided (including my attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.

Signature: _____

Date: _____

REQUIREMENTS

Please provide the following with the Internship application form:

- 1) Curriculum vitae**
- 2) Certified copies of any training courses you have attended**
- 3) A certified copy of the official study record showing marks, symbols, percentages obtained in all examinations (including the matriculation examination) written, as well as the half year result in respect of the present year of study**
- 4) Certified copy of identity document**
- 5) Affidavit indicating that you are unemployed**

