STANDARD BANK BUILDING
32 GOVAN MBEKI AVENUE
PORT ELIZABETH
6000

Sarah Baartman
DISTRICT MUNICIPALITY
Province of the Eastern Cape
progress through development

TEL: (041) 5087111 / FAX: (041) 5087000
PO BOX 318, PORT ELIZABETH, 6000

APPLICATION FOR INTERNSHIP

PERSONAL INFORMATION

Surname _____

First Names _____

Date of Birth _____ ID Number _____

Field of Training Applying For: _____

Race	African	White	Coloured	Indian

[tick the appropriate block]

Gender	Female	Male

Do you have a disability, illness or chronic disease? Yes / No

If yes what nature? Explain _____

Home Adress _____

_____ City _____ Code _____

Home Phone _____ Cell Phone _____ Email _____

Name of contact at home

Name	Relationship	Number

LANGUAGE PROFICIENCY - State 'good', 'fair' or poor

	Speak	Read	Write
Afrikaans			
English			
Xhosa			
Other			

QUALIFICATIONS

	HIGH SCHOOL	UNIVERSITY / COLLEGE	OTHER
Name of Institution			
Qualification and date obtained			
Subject passed			

WORK EXPERIENCE

Optional - Not Compulsory

Name of employer	Occupation	From	Until

Drivers Licence
Optional Not Compusory

Do you have a drives licence?	Yes	No
If yes which code?		

DECLERATION BY APPLICANT

I DECLARE THAT -

I confirm that the information herein supplied by myself is correct and understand that I can be held legally liable for the consequencies of any intentional misrepresentation of information. Providing incorrect or inaccurate information may disqualify an applicant.

Signature:	**Date:**

INSTRUCTIONS

1. Please complete with black ink pen.
2. Ensure that all copies of Certificates, Qualifications, Identity document are attached **[No originals]**
3. All information provided will be treated with confidentiality, however should it be found to be incorrect or unreliable it will be disqualified.
4. All shortlisted candidates will undergo an assessment test.
5. Ensure that at least one letter of recommendation of testimony or motivation is attached with the application.