

APPLICATION FOR INTERNSHIP

WHAT IS THE PURPOSE OF THIS FORM

To assist the CATHSSETA in selecting an Intern for an advertised post.

This form may be used to identify interns to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM

Only graduates wishing to apply for an internship within CATHSSETA.

ADDITIONAL INFORMATION

This form requires basic information. Interns who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.

SPECIAL NOTES

1. All information be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with **the details in your** ID or passport.

2. Passport number in the case of non-South Africans.

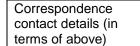
3. This information will only be taken into account if it directly relates to the requirements of the Internship.

4. Applicants must attach a CV.

A. THE ADVERTISED POST	
Internship for which you are applying (as advertised)	Department/ Business Unit where the Internship was advertised
Reference number (if stated in the advert)	

B. Personal information					
Surname					
First names					
Date of birth					
Identification Number			- 1		
Race	African	can White Coloured			
Gender			Male	Female	
Do you have a disability?			Yes	No	
Are you a South African citizen?			Yes No		
If no, what is your nationality?					
And do you have a valid work permit?			Yes	No	
Have you been convicted of a criminal offence or been dismissed from employment?			Yes	No	
Do you have a relative working for CATHSSETA?			Yes	No	
If yes above, provide details					

C. HOW DO WE CONTACT YOU				
Preferred language for				
correspondence?				
Telephone number duri				
hours	-			
Preferred method for	Tel/Cell	Fax	E-mail	
correspondence	100/000	Тах	- a.	



D. LANGUAGE "good", "fair", or "poor"					
	Languages (specify)				
Speak					
Read					
Write					

E. ACADEMIC BACKGROUNI	D							
Name of School/Technical College		Н	Highest qualification obtained				ed Year obtained	
Tertiary education for each q	ualificatio	n you o	btaine	d				
Name of institution		Name of qualification				Year obtained		
F. WORK EXPERIENCE		•						
Employer (including current			Fro	From To		ō	Desser for los int	
employer)	Post n	Post held		YY	MM	YY	Reason for leaving	

G. REFERENCES

Name	Relationship to you	Tel. No. (office hours)				

DECLARATION

I declare that all the information provided (any 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: