

# APPLICATION FORM FOR PHARMACY INTERNSHIP: YEAR \_\_\_\_\_

Department of Health



Mpumalanga Province

This is an important document. Please complete carefully and accurately in BLOCK LETTERS with BLACK INK. After full completion kindly submit with certified copies of your ID document, SAPC Certificate, Z83 form, CV, Academic Record and Endorsement Certificate (If a Non RSA Citizen) to Mpumalanga Dept of Health, Physical address: Building 3 – Pharmaceutical Services - Lower Ground Floor, Riverside Extension, Nelspruit, Attention Ms. M Selokela / Ms. R Cloete OR post to: Private Bag X 11285, Mbombela, 1200 **on or before the 31<sup>st</sup> JULY**. For enquiries call Mr. T Mpapane at 013 766 3693.

Surname		First Names				ID No (attach copy of ID document)	
						Passport No. for non-RSA citizens(attach copy)	
Gender	Race (for monitoring and statistical purposes)			Marital Status (attach marriage certificate)			Citizenship :
M	F	African	White	Coloured	Indian	Married	Single
What type of internship: community/academic:				University where you graduated:			Student Number:
Starting date for Internship:							

Current Address: (During your studies)

Permanent Address (Home after studies)

Residential	Residential
Postal	Postal
Telephone No:	Telephone No:
Cell phone No:	Fax No:
Email address:	Cell phone No:

I, \_\_\_\_\_ (full names) HEREBY APPLY FOR AN INTERNSHIP POST AT ONE OF YOUR HEALTH FACILITIES FOR A PERIOD OF ONE YEAR.

**Please Note:** You will be allocated according to the availability of posts in the facilities. Priority will be given to bursary holders and South African citizens since posts are limited in the facilities per district. You are also advised to apply to other provinces to increase your chances of being placed.

Accommodation needed	Yes	No
Additional Information regarding placement: _____		
_____		
(Please supply information on a separate sheet should this space provided be insufficient)		

Do you have any bursary obligations? **Yes / No** If **Yes**, indicate province/department \_\_\_\_\_

*I hereby declare that the above particulars are complete and correct and I understand that any false information supplied could lead to the alteration of my placement and disciplinary steps being taken against me by the South African Pharmacy Council.*

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_