



**E Z E M V E L O  
K Z N W I L D L I F E**  
Conservation, Partnerships & Ecotourism

## APPLICATION FORM FOR INTERNSHIP AND WORK INTEGRATED LEARNING

**ANNEXURE C**

Please note that there are **NO COSTS** involved in the application for participation in this programme.

**EKZNV WELCOMES APPLICATIONS FROM PERSONS WITH DISABILITIES.**

**(Applicants are responsible for their own travel and accommodation and related expenses)**

Closing Date: 31<sup>st</sup> January each year

**Please note:** These areas may change without prior notice

### PERSONAL INFORMATION AS PER IDENTITY DOCUMENT

Surname				Full names			
RSA Identity Number				Gender	Male		Female
Race	African		Coloured		Indian		White
Date Of Birth	Day		Month		Year		Age
Please indicate the area you live in/home town							
Do you have a permanent disability?		Yes		No			
If Disabled, specify nature of disability and attach certificate:							
PLEASE PROVIDE VALID CONTACT DETAILS TO AVOID BEING DISQUALIFIED							
Physical Address (At home)							
Name Of Municipality				Province			
Home Telephone Number		Area Code				No	
Contact number of person staying with you or next of kin		Area Code				No	
Cell No:			Email Address			Fax Number:	



EMPLOYMENT HISTORY					
Full Time; Part Time; Temporary; Volunteer; Learner ships; Organisation, etc.					
Where did you hear about the Internship programme?					
Newspapers		School/ University		Family Friend	
Someone in EKZNW		Community Centre		Other	
Social Media		Radio Station			
<b><u>Please Note:</u></b>					
<i>If you have not been contacted for an interview after a month of closing date, you should assume that your application was unsuccessful.</i>					

I DECLARE THE FOLLOWING:	Tick
I'm currently unemployed/employed with full South African citizenship under the age of 30 with full SA citizenship.	
I have no criminal record or any proceeding or pending criminal investigation.	
I know no reason that will prevent me from attending all the required training sessions or influence my attendance at work or from completing the Internship successfully in the period specified	
I have not participated in previous Internships.	

RULES FOR APPLICATION:	Tick
1. Application forms that are incomplete will be disqualified;	
2. I'm currently unemployed with full South African citizenship/have a valid study permit.	
3. Invalid or incorrect contact details automatically disqualify the applicant;	
4. The following certified documents MUST be attached to this application or applicant will be disqualified:  <input type="checkbox"/> CERTIFIED COPY of Identity Document (Commissioner of oaths at police station) <input type="checkbox"/> CERTIFIED COPY of Testimonial <input type="checkbox"/> CERTIFIED COPY of Senior Certificate/Equivalent Certificates <input type="checkbox"/> DISABLED LEARNERS: Attach a medical certificate.  DO NOT SEND ORIGINAL DOCUMENTS, ATTACH CERTIFIED COPIES.	

5.	Applicants involved in other studies or planning to study from January to December of that year will not be considered;	
6.	Applicants must be unemployed and under the age of 35 at the start of the Internship;	
7.	Applicants must not have any pending employment offers;	
8.	Successful applicants must be available to commence Internship on the 1 <sup>st</sup> April	
9.	Successful applicants will be placed near to the address provided on this application form. No transfers will be allowed thereafter;	
10.	Applicants must be South African Citizens with full SA citizenship;	
11.	In the case of a foreigner, the applicant must have a valid study permit and;	
12.	Should you be shortlisted for the Internship/Work Integrated Learning programme, you will undergo a pre-employment medical examination.	
13.	<b>TO AVOID DUPLICATIONS, PLEASE APPLY ONLY ONCE!</b>	

I declare that I have not participated in any previous Internships, including EKZNW Internship programmes. I declare that I am aware of the rules of this application and that I understand them. I declare that the information supplied in this application is true and correct. I understand that any false information will automatically disqualify me from being part of the EKZNW Internship or Work Integrated Learning programme.

Print Name and Surname:

\_\_\_\_\_

Name of Applicant

\_\_\_\_\_

Signature of Applicant

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

**All application forms must be returned to EKZNW:**

**Midmar Training Centre (Postal Address)**  
**P. O Box 1077**  
**Howick**  
**3290**

**Head Office (Postal Address)**  
**P O Box 13053**  
**Cascade,**  
**3202**

**Midmar Training Centre**  
**Orient Park**  
**Howick**  
**3290**  
**Tel: 033 330 6566/7120**