



**APPLICATION FORM FOR INTERNSHIP TRAINING PROGRAMME WITHIN THE  
J B MARKS LOCAL MUNICIPALITY**

<b>Surname:</b>	
<b>First names:</b>	
<b>I D Number:</b>	
<b>Tel no:</b>	
<b>Cell number:</b>	
<b>Address:</b>	
<b>Directorate/Office</b>	
<b>Reference Number of Position (see Advert)</b>	
<b>Field of study</b>	
<b>Student no.(if applicable)</b>	
<b>Motivation for the application</b>	

I, (full name and surname) \_\_\_\_\_  
 hereby apply to receive training as a intern within the J B Marks Local Municipality.

Attached please find the following:

<b>Documents to be attached</b>	Please tick (√)
Completed application form	
Proof of Residence Form signed by Ward Councillor	
My Curriculum Vitae	
Certified copy of my ID	
Certified copies of certificates	
Previous year's results (where applicable)	
Letter from the tertiary institution outlining the need for the experiential training (where applicable)	

1. I accept the following conditions should my application be successful:
  - 1.1 That a monthly stipend to be determined by the Municipal Manager from time to time will be paid to me, which honorarium can change at the discretion of the Municipal Manager.
  - 1.2 My appointment as an intern should not create expectations of permanent appointment by the J B Marks Local Municipality.
  - 1.3 I will not be allowed to use the Council's equipment and facilities without proper authorisation.
  - 1.4 I may not be utilised for work activities that do not relate to their field of study or activities that are outside their agreed functions to be performed.
  - 1.5 I will subject themselves to Council's organisational discipline and protocol.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MUNICIPAL MANAGER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**For Office Use Only:**

Comments by the relevant Manager/Supervisor in the Directorate where the Intern is to be placed:

Available resources to accommodate an intern:

a) Mentor

b) Office space (where applicable)

c) Equipment and facilities

Comments:

**DIRECTOR OF REQUESTING DIRECTORATE:**

(Signature) \_\_\_\_\_

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

**DIRECTOR CORPORATE SERVICES**

**RECOMMENDED/NOT RECOMMENDED**

\_\_\_\_\_  
Signature

**MUNICIPAL MANAGER:**

**APPROVED/NOT APPROVED**

\_\_\_\_\_  
(Signature)