

The Msunduzi Municipality

Private Bag 321
PIETERMARITZBURG
3201

Telephone: 033 3923 000 www.msunduzi.gov.za

APPLICATION FOR INTERNSHIP

NOTES TO APPLICANT							
 Thank-you for your interest in seeking internship with us Complete the form in your own handwriting in ink Mark appropriate answers with an "x" where applicable For the purpose of the Employment Equity Act (1998) all statistic details should be completed Please attach certified copies of the following documents together with this application form and indicate which items you have included by placing an a in the space provided 							
ID Book/ Passport Drivers license							
Academic transcripts Let	Letter of registration for In-service from institution						
Proof of Residence							
Total number of Pages attached:							
POST DETAILS							
Position Applied for:							
Date of Advert:							
Reference Number:							
PERSONAL DETAILS							
Name:							
Postal Address:							
	Code:						
Residential Address:							
	Code:						
Telephone: (h)	(w)	(c)					
E-mail Address:							
Date of Birth: Citizens	hip:						
ID Number: Passport Number	Passport Number:						
Sex: Race:	Disabled:	res No					
If yes, furnish particulars							
Drivers license: Yes No Period:							
Language proficiency. In the schedule below, indicate proficiency as "Good", "Fair", "Poor" or "None"							
Language: Read	Write	Speak					
English:							
Zulu:							
Other:							

EDUCATION AND QUALIFICATIONS							
	Hig	hest Grade:					
School Education	Nar	me of School:					
	Tov	wn/ City:					
	Subjects	1. 2. 3. 4. 5. 6.		Period From:			
Name of Institution:							
	Qua	alification:					
Tertiary Education	Yea	ar of Study:					
(University/Technikon/ Co llege)	Subjects	1. 2. 3. 4.		Period From:	Period From:		
	5. 6.			Period To:			
WORK EXPERIENCE							
Previous work experience completed?		YES	NO				
If Yes, with whom?							
Period From:			Period 7	Го:			
DECLARATION							
I declare that the above particulars are to the best of my knowledge true and correct and I understand and accept that if I am appointed, my appointment will be subject to the provisions of the Conditions of Service and the Internship policies of the Council and any other applicable legislation.							
Signature of Applicant Date:							