



**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.

**EKZNW 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							
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:							
<b>PLEASE PROVIDE VALID CONTACT DETAILS TO AVOID BEING DISQUALIFIED</b>							
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: <ul style="list-style-type: none"> <li>✓ CERTIFIED COPY of Identity Document (Commissioner of oaths at police station)</li> <li>✓ CERTIFIED COPY of Testimonial</li> <li>✓ CERTIFIED COPY of Senior Certificate/Equivalent Certificates</li> <li>✓ DISABLED LEARNERS: Attach a medical certificate.</li> </ul> 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 30 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.	
<b>TO AVOID DUPLICATIONS, PLEASE APPLY ONLY ONCE!</b>	

I declare that I have not participated in any previous Internships, including EKZMW 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 EKZMW Internship or Work Integrated Learning programme.

Print Name and Surname:

\_\_\_\_\_

Name of Applicant

\_\_\_\_\_

Signature of Applicant

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

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

**Head Office (Physical Address)**

**1 Peter Brown Drive  
Pietermaritzburg,  
3201**

**Head Office (Postal Address)**

**P O Box 13053  
Cascade,  
3202**

**Midmar Training Centre**

**Orient Park  
Howick  
3290**

**Tel: 033 330 6566/7120**