



**APPLICATION FORM FOR THE
GRADUATE DEVELOPMENT
PROGRAM FOR UNEMPLOYED
GRADUATES**

ANNEXURE C

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

EZEMVELO WELCOMES APPLICATIONS FROM PERSONS WITH DISABILITIES.

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

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/hometown							
Do you have a permanent disability?		Yes		No			
If disabled, specify nature of disability:							
PLEASE PROVIDE VALID CONTACT DETAILS							
Physical Address (At home)							
Name Of Municipality				Province			
Contact Number			Area Code		No		
Contact number of persons staying with you or next of kin			Area Code		No/ Cell No		
Cell No:		Email Address		Fax Number:			

Please Note:

If you have not been contacted for an interview in 15 days of closing date, you should assume that your application was unsuccessful.

I DECLARE THE FOLLOWING:	Tick
I'm currently unemployed with full South African citizenship.	
I have no criminal record or any proceeding or pending criminal investigation.	
I know no reason that will influence my attendance at work or from completing the programme successfully in the period specified	
I have participated in previous Internships.	

RULES FOR APPLICATION:	Tick
1. Application forms that are incomplete will be disqualified;	
2. Invalid or incorrect contact details automatically disqualify the applicant;	
3. The following documents MUST be attached to this application or applicant will be disqualified: ✓ COPY of Identity Document ✓ Matric certificate ✓ Copy of qualification(s) ✓ Copy of driver license DO NOT SEND ORIGINAL DOCUMENTS, ATTACH COPIES.	
4. Applicants must be unemployed	
5. Successful applicants must be available for the commencement of the program	
6. Applicants must be South African Citizens with full SA citizenship, residing in KwaZulu-Natal	
TO AVOID DUPLICATIONS, PLEASE APPLY ONLY ONCE!	

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 this programme.

Print Name and Surname:

Name of Applicant

Signature of Applicant

Date: _____

All application forms must be returned to Ezemvelo:

Head Office (Physical Address)

OR email: Ayanda.Ngubane@kznwildlife.com

1 Peter Brown Drive

Montrose,

3202

Tel: 033 330 7120