

2018 INTERNSHIP

APPLICATION FORM

**Important:** *Please note incomplete applications will not be processed.*

*Closing date strictly 11 March 2018.*

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| **Surname:** |
| **First names:** |
| **Gender: Male** □ **Female** □ |
| **Race:**  |
| **Specify Internship Post Applied for:**  |
| **Field of study:**  |
| **Major subjects:** |
|  |
| **University/Technikon:**  |
| **Highest Qualification Completed:**  |
| **Present postal address:**  |
|  | **Postal Code:** |
| **Permanent Postal Address:** |
|  | **Postal Code:** |
| **Permanent Home Address:** |
|  | **Residential Code:** |
| **Tel No:** | **Cell No:** |

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|  CONFIDENTIAL |

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| **1 PERSONAL INFORMATION** |
| **1.1 Date of Birth** | **Place of Birth** |
| **1.2 Disabled Yes** □ **No** □ **If yes, provide details as below:** |
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| **1.3 Marital Status Single** □ **Married** □ |
| **1.4 Nationality**  |
| **1.5 Identity number**  |
| **1.6 Home language**  |
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| **2 CITIZENSHIP STATUS** |
| **2.1 Period of residence in RSA** |
| **2.2 Registration as citizen under consideration Yes** □ **No** □ |
| **2.3 South African citizen Yes** □ **No** □ |
| **2.4 Immigration permit number** |
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| **3 HIGH SCHOOL EDUCATION** |
| **3.1 School Name:** | **Province:** |
| **3.2 Highest standard passed** | **Year:** |
| **4 TERTIARY EDUCATION** |
| **University/college/other** | **Field of study** | **Study year** | **Course/Subject** | **Percentage/****Symbol\*** |
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| **\* Please attach a copy of your academic record/transcripts of results with the University letter head.** |
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| **5 CRIMINAL RECORD** |
| **5.1 Have you ever been convicted of criminal offence? Yes** □ **No** □ |
|  **If yes, provide details** |
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| **6 WORK EXPERIENCE** |
| **Name of employer** |
| **Nature of work** | **Period** | **Reasons for termination of service** |
| From | To |
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| **References:** |
| **Referee Name** | **Position** | **Contact Details** |
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| **7 INTERESTS AND HOBBIES** |
| **7.1 Outstanding achievements** |
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| **7.2 Previous/Current Leadership Responsibilities:** |
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| **7.3 Hobbies:** |
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| **8 DISCLOSURE OF RELATIVE IN TCTA** |
| **Do you have a family member or relative working for TCTA? Yes** □ **No** □If yes, provide details as below: |
| **8.1 Name** |
| **8.2 Relationship** |
| **8.3 Position** |

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| **9 PARTICULARS OF PARENT/ GUARDIAN** |
| **9.1 Name** |
| **9.2 Relationship** |
| **9.3 Occupation** |
| **9.4 Employer** |
| **9.5 Annual Income:**  |
| **9.6 Business address** |
|  | **Postal Code** |
| **9.7 Business Tel:** | **Tel No:** |
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| **10 GENERAL** |
| **10.1 Health Condition of Good** □ **Fair** □ **Poor** □ |
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| **10.2 Do you have a valid driver’s licence? Yes** □ **No** □ |
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| **10.3 Have you applied for internship elsewhere? Yes** □ **No** □ |
|  **If yes, provide details** |
|  |
| **10.4 How did you did you know about the Internship?** |
|  **Social Media** □ **Newspapers** □ |
|  **Personal Referrals** □ **University Adverts** □ |
| **Other (specify)** |
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| **I declare that the above particulars are true and correct and understand that any false or incomplete** |
| **Information may constitute grounds for the application to be unsuccessful.** |
| **Signature of applicant** | **Date** |
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| **Signature of parent or guardian if applicant is minor**  | **Date** |