



APPLICATION FOR INTERNSHIP

WHAT IS THE PURPOSE OF THIS FORM

To assist the CATHSSETA in selecting an Intern for an advertised post.

This form may be used to identify interns to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM

Only graduates wishing to apply for an internship within CATHSSETA.

ADDITIONAL INFORMATION

This form requires basic information. Interns who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.

SPECIAL NOTES

1. All information be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with **the details in your ID** or passport.
2. Passport number in the case of non-South Africans.
3. This information will only be taken into account if it directly relates to the requirements of the Internship.
4. Applicants must attach a CV.

A. THE ADVERTISED POST	
Internship for which you are applying (as advertised)	Department/ Business Unit where the Internship was advertised
Reference number (if stated in the advert)	

B. Personal information				
Surname				
First names				
Date of birth				
Identification Number				
Race	African	White	Coloured	Indian
Gender			Male	Female
Do you have a disability?			Yes	No
Are you a South African citizen?			Yes	No
If no, what is your nationality?				
And do you have a valid work permit?			Yes	No
Have you been convicted of a criminal offence or been dismissed from employment?			Yes	No
Do you have a relative working for CATHSSETA?			Yes	No
If yes above, provide details				

C. HOW DO WE CONTACT YOU			
Preferred language for correspondence?			
Telephone number during office hours			
Preferred method for correspondence	Tel/Cell	Fax	E-mail

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Correspondence contact details (in terms of above)	
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D. LANGUAGE “good”, “fair”, or “poor”						
	Languages (specify)					
Speak						
Read						
Write						

E. ACADEMIC BACKGROUND		
Name of School/Technical College	Highest qualification obtained	Year obtained
Tertiary education for each qualification you obtained		
Name of institution	Name of qualification	Year obtained

F. WORK EXPERIENCE						
Employer (including current employer)	Post held	From		To		Reason for leaving
		MM	YY	MM	YY	

G. REFERENCES		
Name	Relationship to you	Tel. No. (office hours)

DECLARATION	
I declare that all the information provided (any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.	
Signature:	Date: