



## INTERNSHIP PROGRAMME APPLICATION FORM

Do you have a disability?  Yes  No

Are you a South African citizen?  Yes  No

If no, what is your nationality?

Have you ever been convicted of a criminal offence or been dismissed from employment?  Yes  No

### PART B : CONTACT DETAILS

Contact numbers: Cell:  Home/Alternative:

Postal Address:

Email Address:

Alternative Email Address:

### PART C : Educational particulars (Please complete in full)

#### SECONDARY EDUCATION: (please provide copy of certified matric results)

Name of School	Highest Grade obtained	Subject	Level

#### TERTIARY EDUCATION: (please complete for each qualification obtained or currently busy with and attach academic record. Start with the current studies or most recent completed qualification)

Name of institution	Degree	Major Subjects	Year obtained if completed



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### PART D : OTHER INFORMATION

#### MEMBERSHIP OF COMMUNITY OR PROFESSIONAL ORGANISATION

Association/ Organisati on	Position	Activities	Duration

#### WORK EXPERIENCE/VOLUNTEER WORK - Previous work experience (Starting with the most recent)

Company	Start Date	End Date	Position	Reason for leaving

#### COMPUTER LITERACY - Please indicate your current level of computer literacy

Level	Basic	Intermediate	Advanced
MS Word			
MS Excel			
MS PowerPoint			
MS Outlook			
Other (please specify)			

#### REFERENCES - Please provide three referees who can be contacted for reference

Name	Relation	Telephone number



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### PART E : MOTIVATION

What kind of career are you looking for and what actions have you taken towards achieving this?


List the leadership positions you hold/have held (e.g. Projects you have worked on). What impact have you made in these?


What unique attributes do you have that sets you apart from others? Provide examples on how you display these attributes in your day to day life?


How did you get to know about us? (E.g. Career Fair, University Presentation, Newspaper, Word of Mouth, etc)

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### PART F: DECLARATION

- I understand that all the information provided in my application may be followed-up and I authorise the National Treasury to contact any relevant person or institution for relevant references.
- I declare that the above information to my knowledge is true and correct and accept that if it were to be found that I withheld any information, the application will be cancelled immediately.
- I authorise any school / university / employer to provide the National Treasury with relevant information that may be useful in making a decision.

SIGNATURE OF APPLICANT

Date:

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SIGNATURE OF PARENT/ GUARDIAN - If still a minor

Date:

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