KWAZULU-NATAL PROVINCE
HUMAN SETTLEMENTS
REPUBLIC OF SOUTH AFRICA

WHAT IS THE PURPOSE OF THIS FORM

To assist the Department of Human Settlements in selecting a person for an internship Programme.

This form may be used to identify candidates 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 persons wishing to apply for internship position in the KZN Department of Human Settlements .

ADDITIONAL INFORMATION

This form requires basic information. Candidates 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 will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to asses 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 – This information is required to enable the department to comply with the Employment Equity Act, 1998.

3 – This information will only be taken into account if it directly relates to the requirements of the position.

4 – Applicants with substantial qualifications or work experience must attach a CV.

A. APPLICATION FOR INTERNSHIP	
Occupation for which internship is applied :	Where was the internship advertised

B. PERSONAL INFORMATION				
Surname				
First names				
Date of birth				
Identity number				
Race	***African***	***White***	***Coloured***	***Indian***
Gender			**Female**	**Male**
Do you have a disability?			**Yes**	**No**
Are you a South African citizen?			**Yes**	**No**
If no, what is your nationality?				
Have you been convicted of a criminal offence or been dismissed from employment?[4]			**Yes**	**No**
If your profession or occupation requires State or official registration, provide date and particulars of registration				

C. HOW DO WE CONTACT YOU			
Preferred language for correspondence?			
Telephone number during office hours			
Preferred method for correspondence	**Post**	**E-mail**	**Fax**
Correspondence contact details (in terms of above)			

D. LANGUAGE PROFICIENCY – state 'good', 'fair', or 'poor'							
	Languages (specify)						
Speak							
Read							
Write							

E. QUALIFICATIONS		
Name of School/Technical College	Highest qualification obtained	Year obtained
Tertiary education (complete for each qualification you obtained)		
Name of institution	Name of qualification	Year obtained
Current study (institution and qualification):		

F. WORK EXPERIENCE (related to qualification)						**Yes**	**No**
Employer (including current employer)	Post held	From		To		Reason for leaving	
		MM	YY	MM	YY		
If you were previously employed or were part of an Internship Programme in the Public Service, indicate whether any condition exists that prevents your re-employment						**Yes**	**No**
If yes, Provide the name of the previous employing department							

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

DECLARATION	
I declare that all the information provided (including 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: