



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

PROVINCIAL TREASURY

APPLICATION FOR INTERNSHIP

TE003

<p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>To assist Limpopo Provincial Treasury in selecting a person for Internship opportunity.</p> <p>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.</p> <p>WHO SHOULD COMPLETE THIS FORM?</p> <p>Only persons/graduates wishing to apply for internship opportunity at Limpopo Provincial Treasury.</p> <p>ADDITIONAL INFORMATION</p> <p>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.</p> <p>SPECIAL NOTES</p> <p>1 - All information will 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, so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID or passport.</p> <p>2 - This information is required to enable the department to comply with the Employment Equity Act, 1998.</p> <p>3 - This information will only be taken into account if it directly relates to the requirements of the position.</p> <p>4 - Applicants with substantial qualifications or work experience must attach a CV.</p>	A. THE ADVERTISED INTERNSHIP				
	Area/ field for which internship is applied (as advertised):				
	Reference number (as stated in the advert)		If you are offered the opportunity, when can you start :		
	B. PERSONAL INFORMATION				
	Surname				
	First Names				
	Date of Birth				
	ID number				
	Race ³	African	White	Coloured	Indian
	Gender ³	FEMALE		MALE	
	Do you have a disability? ³	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 ever been convicted of a criminal offence or been dismissed from employment?	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 (specified)					
Speak						
Read						
Write						

E. QUALIFICATIONS ⁴ (please ignore if you have attached a CV with these details)

Name of School / Technical College	Highest qualification obtained	Year Obtained
<i>Tertiary education (complete for each qualification you obtained)</i>		
Name of Institution	Name of Qualification	Year Obtained
Current study (institution and qualification):		

F. WORK EXPERIENCE ⁴ (please ignore if you have attached a CV with these details)

Employer (including current employer)	Post held	From		To		Reason for Leaving	
		MM	YY	MM	YY		
If you were previously employed 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 (please ignore if you have attached a CV with these details)

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:
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