



INTERN APPLICATION FORM 2013/2014

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. **CRITERIA FOR THE ALLOCATION OF AN INTERNSHIP ARE AS FOLLOWS:**
 - 1.1 The applicant has to
 - be a Free State citizen
 - select a study field that appears in the advertised list of **study fields**
 - submit the required documents
 - complete the application form correctly
2. **THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION:**
 - 2.1 Certified copy of grade 12 certificate
 - 2.3 Certified copies of all qualifications
 - 2.4 Certified copy of your identification document
 - 2.5 Curriculum Vitae
3. **YOUR APPLICATION WILL NOT BE PROCESSED IF;**
 - 3.1 any of the required documents are not attached
 - 3.2 the application form is incomplete
 - 3.3 the application form is submitted after the closing date

| APPLICATION | | | | | |
|----------------------------------------------------------------|-------|-----------------------|------------------------------------------------------------------------|--------|-----|
| ID Number | | | | | |
| Surname | | | | | |
| Initials: | | First Names: | | | |
| Race | Black | Coloured | White | Indian | |
| Gender: | Male | Female | Title | Mr. | Ms. |
| Present postal address where correspondence must be posted to: | | Postal code: | | | |
| Second Address | | Postal Code: | | | |
| Home telephone number | | Dialing Code: | | | |
| | | Number: | | | |
| Contact details of parents/ guardian | | Name: | | | |
| | | Contact number: | | | |
| Cell Number | | | | | |
| E-mail Address | | | | | |
| SA Citizen: | Yes | No | Convicted Criminal If "YES" provide details on a separate folio. | Yes | No |
| Free State Citizen | Yes | No | | | |
| Disabled | Yes | No | If disabled specify: | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------|
| District where you reside: Please underline. Motheo / Xhariep Lejweleputswa / Fezile Dabi Thabo Mofutsanyana | Name of town where you reside: Municipality: | |
| Post School Qualifications Name of Qualification | Year obtained | Name of institution (HEI) |
| | | |
| | | |
| Subjects: (List all subjects) | | |
| Annual income of both parents/ guardian | | |
| All documents attached? | YES | NO |
| Certified copy of your ID? | YES | NO |
| Certified copy of your latest School/Higher Educational Institution examination results? | YES | NO |
| Certified copy of your other certificates? | YES | NO |
| If your application is successful and you are placed at a government office not within reach of your residence will you be able to find your own accommodation and transport to place of work? | YES | NO |
| Have you recently applied for a job? | YES | NO |
| Have you recently been invited for a job interview? | YES | NO |
| Have you been a Free State Provincial Government bursary holder before? | YES | NO |
| If "YES", which year did you complete your studies? | | |

DECLARATION BY APPLICANT

I (initials and surname) declare that:

1. The above particulars are complete and correct and I understand that any false information supplied, will lead to the immediate cancellation of the internship.
2. All documents required are attached - if not – I understand that it will lead to the immediate rejection of my application.
3. I understand that this application is for an internship and I must enter into an agreement with the Free State Department of Education, if my application is successful.
4. I understand and agree that this internship will not guarantee an automatic absorption into the Department at the end of the contract period and that I will not be entitled to any privileges.
5. I understand that I have to comply with the following to be considered for an internship:
 - meet the requirements of the advertized fields of study
 - submit the required documents
 - complete the application form correctly and in full
 - meet the Department's criteria

SIGNATURE OF APPLICANT:

DATE:

