Province of the
EASTERN CAPE
PROVINCIAL TREASURY

2016
Application for Internship

A. THE INTERNSHIP POST	
Reference number (as stated in the advert)	
If you are offered the Internship, when can you start **OR** how much notice must you serve with your current employer, if employed?	
Field of expertise for which internship is sought (e.g. Internal Auditing, Financial Accounting)	

B. PERSONAL INFORMATION								
Surname								
First Names								
Date of Birth								
ID 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?								
If foreign national, 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'						
PROFICIENCY	Regional Languages				Other Languages (specify)	
	ISIXHOSA	ENGLISH	AFRIKAANS	SESOTHO		
Speak						
Read						
Write						

E. QUALIFICATIONS		
Name of School/TVET 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)		
Name of Institution	Name of Qualification	First Year of Registration

F. WORK EXPERIENCE						
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		
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:	