

#### **GRADUATE - INTERNSHIP DEVELOPMENT PROGRAMME APPLICATION FORM**

- This opportunity is ONLY opened to unemployed applicants younger than the age of 35 including persons with disabilities in the Amahlathi Local Municipality area, who are in possession of a 3-year Degree or National Diploma qualification from an accredited Tertiary Institution.
- The primary purpose of this graduate-internship program is the acquisition of skills, knowledge and experience in order to compete in the employment market. Permanent employment is not guaranteed at completion of the programme and no extension of contract shall be entered into. Should an opportunity arise within the municipality, such a position will be filled through the normal recruitment process.
- NB: If you apply for more than one field, please use a separate application form.

State the field of the Programme you are applying for Ref No					
1. PERSONAL PARTICULA	RS				
Surname					
First Name(s)					
Citizenship		Passport No			
Identity Number		Age			
Gender		Race			
Disability (Y/N)		Type			
Driver's license (Y/N)		Code			
E-mail address		Cell No			
		Home			
Postal Address		Address			
	6	Addiess			
Have you been convicted of a cri	minal offence?	2066			
nave you been convicted of a cit		R PROS			
If yes provide detail (Date nati					
If yes, provide detail (Date, nature of offense)					
ATHI LOS					
Have you been dismissed from e	mployment?	IDALITY			
1CIPAL.					
If yes, provide detail (Employer, Date, Reason					
for dismissal)					
Harris and the same Conductor					
Have you participated in any Graduate					
/Internship Development programme before?					
If yes, when and with which Institution?					
Do you have any relative working for					
Amahlathi Local Municipality (ALM)					
If yes, provide the name of relative and nature					
of your relationship					

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## 2. GENERAL EDUCATION (please attach a certified copy of matric certificate)

High School Attended		
Highest Grade Passed	Year Completed	
Subjects		Level/Symbols Achieved

## 3. TERTIARY EDUCATION (please attach certified copies of certificates)

NQF	Qualification	Institution		Duration
10			FROM	то
9			FROM	то
9			FROM	то
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5			FROM	то
			FROM	то

### 4. CURRENT STUDIES ( $\sqrt{}$ if any): (please attach proof of registration with list of courses)

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NQF	Qualification	Institution	Expected year of completion
	4	In.	

#### 5. TRAINING COURSES ATTENDED (please attach certified copies of certificates)

o. Training Gookelo At Tended (picase attach continua copies of certificates)					
NQF	NAME OF PROGRAMME	INSTITUTION	YEAR OBTAINED	CREDITS	
		MCIPALI			

ssential Professional Re ithout in his/her respective		- Compulso	ory registration	s that a profes	ssional cannot operat
Name of professions		y registere	d with	Nature or	category of registration
ther Professional Regis	tration(s)				
Name of profession	al body currentl	y registere	d with	Nature or	category of registratio
_					
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WORK EXPERIENCE /	VOLUNTEER	WORK/E	XPERIENTIAL	LEARNING	/ INSERVICE TRAIN
Company	Start	End	Pos	ition	Reason for leavir
	Date	Date			
		100			
COMPUTER LITERACY	(Please indica	ate your cu	irrent level of c	omputer litera	icy)
Level	Bas	sic	Interr	nediate	Advanced
s Word					
s Excel s PowerPoint					
s Outlook	70				
ther (Please specify)	OF.	Tu-	COER		
<b></b>		CRFO	R PROS		
REFERENCES (Please	א מיצי	II .	who can be co	ntacted for re	terence)
Name		Relation		Telephone	E-Mail
	1/2	JAHO	DAL 15		
		AILL	PAL		
LEADERSHIP					
<b>LEADERSHIP</b> st the leadership positions	s you hold/held.	What imp	act have you n	nade in these:	?)

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1. CAREER ASPIRATIONS  What kind of a career are you looking for and what actions have you taken towards achieving it?)
2. DECLARATION
<ul> <li>I understand that all the information provided in my application may be followed-up and I authori         Amahlathi Local Municipality to contact any relevant person or institution for references.     </li> </ul>
- I declare that the above information is to my knowledge true and correct and I accept that if it were be found that I withheld information, this application will be cancelled immediately.
<ul> <li>I authorise any school/University / employer to provide Amahlathi Local Municipality with relevant information that may be used in making a decision regarding this application.</li> </ul>
3. SIGNATURE OF APPLICANT
DATE:
4. CHECKLIST
Please ensure that your documentation is duly certified by an authorised commissioner of oath)

Document	Tick	Comments
Proof of Residence		
ID Document		
Qualifications		
Short Course Certificates		
Academic Records		