



**MINISTRY OF LABOUR AND HOME AFFAIRS
DEPARTMENT OF EMPLOYMENT SERVICES
INTERNSHIP APPLICATION FORM**

1. PERSONAL DETAILS:

MR/MS/MRS/DR: LAST NAME:MIDDLE NAME.....FIRST NAME.....

NATIONAL IDENTITY NUMBER:

DATE OF BIRTH: DAY..... MONTH.....YEAR.....

GENDER (Please tick where applicable)

MALE

FEMALE

MARITAL STATUS (Please tick where applicable)

SINGLE

MARRIED

DIVORCED

WIDOWED

2. CONTACT DETAILS:

EMAIL ADDRESS _____ MOBILE / SMS NUMBER _____

WHATSAPP NUMBER _____

POSTAL ADDRESS _____ PHYSICAL ADDRESS _____

3. NEXT OF KIN:

SURNAME: _____ FIRSTNAME (S): _____

RELATION OF NEXT OF KIN: PARENT/GUARDIAN/SPOUSE: _____

EMAIL ADDRESS _____ FAX NUMBER _____

TELEPHONE NUMBER _____ MOBILE NUMBER _____

WHATSAPP NUMBER _____

4. EDUCATION LEVEL: (e.g. Junior Certificate; BGCSE; Certificate; Diploma/Degree/Masters etc.)

Program Name: _____ Major: _____

Name of Institution: _____ Completion Date: _____

5. DISABILITY STATUS: (This section should only be filled by people living with disability)

Are you living with disability? Yes No

If Yes attach certified copy of card for people living with disability or letter from competent authority.

Name of Village.....District.....

**6. REMOTE AREA COMMUNITIES:
(This section should only be filled by beneficiaries of the Remote Area Development Programme)**

Are you from a remote area community? Yes No

If Yes

Name of Village _____ District _____

7. FIELD OF INTEREST:

Preferred field of interest _____

8. PREFERRED LOCATION: (Place of service where own accommodation is available)

i. _____

ii. _____

iii. _____

9. STATE YOUR COMPETENCIES:

i. _____

ii. _____

iii. _____

10. SUPPORTING DOCUMENTS

- i) CERTIFIED COPIES OF EDUCATIONAL CERTIFICATES
 - ii) CERTIFIED COPIES OF TRANSCRIPTS WHERE NECESSARY
 - iii) CERTIFIED COPIES OF NATIONAL REGISTRATION (OMANG)
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11. AFFIRMATION/DECLARATION BY APPLICANT

I do declare or affirm that the information contained is true and correct to the best of my knowledge and belief. I am aware that the Department reserves the right to reject my application or terminate enrollment should the information contained above be found to be incorrect or not true.

I also declare that I have never served in the National Internship Programme before.

SIGNATURE.....DATE.....
