



REPUBLIC OF BOTSWANA

MINISTRY OF LABOUR AND HOME AFFAIRS

DEPARTMENT OF EMPLOYMENT SERVICES

REQUEST FORM

Name of Organisation: \_\_\_\_\_

Sector: Public  Parastatal  Private  Ngo

Company Registration No: (For Private Companies Only): \_\_\_\_\_

Company Vat No: (For Private Companies only): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell No: \_\_\_\_\_ Date of Request \_\_\_\_\_

Fax No: \_\_\_\_\_ Email Address: \_\_\_\_\_

No	Qualifications Required	No. Of Positions	Duty Station	Department/ Division	Brief Job Description
1					
2					
3					

**NB: Please attach Company Profile if requesting for the first time.**

This request is made by: \_\_\_\_\_ in his/her capacity as: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Host Organization stamp

DES Office Decision: Approved  Rejected

Officer's Name: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_

DES stamp

Head of Placement name: \_\_\_\_\_

Head of Placement signature: \_\_\_\_\_ Date: \_\_\_\_\_