



**APPLICATION FORM FOR THE WORK
INTEGRATED LEARNING PROGRAMME
FOR UNEMPLOYED GRADUATES**

ANNEXURE C

Please note that there are **NO COSTS** involved in the application for participation in this programme.

EZEMVELO WELCOMES APPLICATIONS FROM PERSONS WITH DISABILITIES.

(Applicants are responsible for their own travel, accommodation (subject to location) and related expenses)

Closing Date: 01 July 2024

PERSONAL INFORMATION AS PER IDENTITY DOCUMENT

Surname				Full names			
RSA Identity Number							
Race	African	Coloured	Indian	White			
Date Of Birth	Day	Month	Year	Age			
Please indicate the area you live in/hometown							
Do you have a permanent disability?		Yes		No			
If disabled, specify nature of disability:							
PLEASE PROVIDE VALID CONTACT DETAILS							
Physical Address (At home)							
Name Of Municipality				Province			
Home Telephone Number			Area Code		No		
Contact number of persons staying with you or next of kin			Area Code		No/ Cell No		
Cell No:		Email Address		Fax Number:			

Please Note:

If you have not been contacted for an interview in 15 days of closing date, you should assume that your application was unsuccessful.

I DECLARE THE FOLLOWING:	Tick
I'm currently unemployed with full South African citizenship.	
I have no criminal record or any proceeding or pending criminal investigation.	
I know no reason that will influence my attendance at work or from completing the programme successfully in the period specified	
I have participated in previous Internships.	

RULES FOR APPLICATION:	Tick
1. Application forms that are incomplete will be disqualified;	
2. Invalid or incorrect contact details automatically disqualify the applicant;	
3. The following documents MUST be attached to this application or applicant will be disqualified: ✓ COPY of a South African ID ✓ Copy of qualification(s) DO NOT SEND ORIGINAL DOCUMENTS, ATTACH COPIES.	
4. Applicants must be unemployed	
5. Successful applicants must be available to commence with the Internship in July 2024	
6. Applicants must reside in KwaZulu-Natal	
7. Should you be accepted on programme; you will undergo a pre-employment medical examination.	
TO AVOID DUPLICATIONS, PLEASE APPLY ONCE!	

I declare that I am aware of the rules of this application and that I understand them. I declare that the information supplied in this application is true and correct. I understand that any false information will automatically disqualify me from being part of this programme.

Print Name and Surname:

Name of Applicant

Signature of Applicant

Date: _____

All application forms must be returned to Ezemvelo KZN Wildlife:

Head Office (Physical Address)

1 Peter Brown Drive

Montrose,

3202

Head Office (Postal Address)

P O Box 13053

Cascades,

3202

Tel: 033 330 6566/7120