



IMPORTANT NOTES

- (i) Please **fill in all the spaces** with your information.
- (ii) Please make a **tick (✓) where there is a choice**.
- (iii) Please **e-mail or fax the completed application form** to: payinfo@learningcape.org or (021) 424 7317. If you e-mail the document save it with your name. For example: petersmith_PAYapplication_2011
- (iv) If you have **enquiries**, please e-mail us at payinfo@learningcape.org
- (v) Please attach **copies** of your Identity Document, Curriculum Vitae (CV) and National Senior Certificate (NSC) results.

PAY INTERNSHIP APPLICATION FORM

DATE RECEIVED:	
-----------------------	--

PERSONAL DETAILS				
TITLE:	Mr	Ms		
SURNAME:				
FIRST NAME:				
SECOND NAME:				
ID NO.:				
CITIZENSHIP:				
RACE:	African	White	Coloured	Indian
GENDER:	Male		Female	
CAREER INTEREST:				
RESIDENTIAL ADDRESS				

POSTAL CODE:	
TELEPHONE NO. (H)	
CELL PHONE NO.:	

PARENTS' CURRENT EMPLOYMENT (Please attach evidence of employment)			
PARENT	COMPANY	POSITION	YEARS EMPLOYED
FATHER:			
MOTHER			

EDUCATION DETAILS	
NAME OF SCHOOL:	
NAME OF PRINCIPAL:	
TELEPHONE NUMBER OF SCHOOL:	

REFERENCES		
NAME	RELATIONSHIP TO YOU	TEL. NO. (OFFICE HOURS)

APPLICANT

Please attach a paragraph in your own handwriting explaining why you should be part of the internship programme.

I declare that the particulars are complete and correct.

SIGNATURE OF APPLICANT	DATE

