



# health

Department of Health  
REPUBLIC OF SOUTH AFRICA

## APPLICATION FORM INTERNSHIP 2016-2017

THIS IS AN IMPORTANT DOCUMENT. PLEASE COMPLETE CAREFULLY AND ACCURATELY IN BLOCK LETTERS WITH BLACK INK AND SUBMIT IN DUPLICATE AND WITH TWO COPIES OF YOUR IDENTITY DOCUMENT, TO BE SENT TO THE DEPARTMENT OF HEALTH IN PRETORIA.

Surname		First Names		ID Number (Attach copy of ID Document)	
Gender	Race (for monitoring & statistical purposes)		Marital Status (Attach copy of marriage certificate)	Colours	Passport No/Foreign Passport attach copy
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> African <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Coloured	<input type="checkbox"/> Married <input type="checkbox"/> Single			
University:			Student Number:		
Have you been convicted of a criminal offence or been dismissed from employment?					Yes No
Are you a Bursar/Student Bursary Holder?	Yes No	If yes, from which Province?		Are you on the SAMM+G staff establishment?	Yes No
Student Residential Address:			Permanent Residential Address:		
Postal Address:			Permanent Tel No:		
			Student Tel No:		
			Cell No:		
			E-MAIL:		

I, \_\_\_\_\_, HEREBY APPLY FOR AN INTERNSHIP POST FOR A PERIOD OF TWO YEARS AT ONE OF THE FOLLOWING HOSPITALS (COMPLEXES):

Please read through the letter (also interesting before completing this application form).

If you are on the SAMM+G staff establishment, you must do your internship at a tertiary hospital. Please note that if you are a SAMM+G student bursary holder, you may apply for a post at any hospital.

**NOTE: HOSPITALS/COMPLEXES TO MAKE UP YOUR ACCREDITED POST BY 31 MARCH 2017. YOU WILL BE REQUIRED TO RE-APPLY FOR POSTING. DO NOT REQUEST FOR A CLINICAL THAT IS STILL UNDER STUDYING. WE STRONGLY REQUIRE ALL INFORMATION TO BE SUBMITTED BY 15 FEB 17. PLEASE.**

District/Region	Health Facility Name	Province	Priority	Accommodation needed post facility	
			1	Yes	No
			2	Yes	No
			3	Yes	No
			4	Yes	No
			5	Yes	No
Additional information regarding placement :- _____ _____ _____ (Please supply information on a separate sheet should this space provided be insufficient)					

I declare that the above particulars are complete and correct and I understand that any false information supplied will lead to my placement being withheld and disciplinary steps being taken against me by the Health Professions Council of South Africa.

Signed: \_\_\_\_\_

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

# Gemp Application Form 2016

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