



**ST JOHN'S D.S.G.**  
PIETERMARITZBURG  
Small school. *Big heart.*

## APPLICATION FOR INTERN PROGRAMME FOR 2019

### SUBJECTS INTERESTED IN TEACHING

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|  |
|  |

### PERSONAL DETAILS

|                |  |
|----------------|--|
| Title          |  |
| Surname        |  |
| First Names    |  |
| I.D. Number    |  |
| Gender         |  |
| Date of birth  |  |
| Marital Status |  |

### CONTACT DETAILS

|                 |  |
|-----------------|--|
| Cell Number     |  |
| Email Address   |  |
| Current Address |  |

### EDUCATION

|                      |  |
|----------------------|--|
| High School Attended |  |
| Year Matriculated    |  |
| Subjects Passed      |  |

**TERTIARY STUDIES**

|                |  |
|----------------|--|
| Institution    |  |
| Years of Study |  |
| Qualification  |  |

**Please attach your Academic Transcript for each qualification**

**REFEREES**

Please provide the names and contact details of **three** people who can provide references

|                            |  |
|----------------------------|--|
| Name                       |  |
| Position Held/Relationship |  |
| Email Address              |  |
| Daytime Phone Number       |  |

|                            |  |
|----------------------------|--|
| Name                       |  |
| Position Held/Relationship |  |
| Email Address              |  |
| Daytime Phone Number       |  |

|                            |  |
|----------------------------|--|
| Name                       |  |
| Position Held/Relationship |  |
| Email Address              |  |
| Daytime Phone Number       |  |

|                            |  |
|----------------------------|--|
| Name                       |  |
| Position Held/Relationship |  |
| Email Address              |  |
| Daytime Phone Number       |  |

**PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION FORM, IF YOU HAVE NOT ALREADY SUBMITTED THEM TO ST JOHN'S D.S.G.:**

Copy of ID Document

Copy of Matric Certificate

Copy of Academic Transcripts

Copy of Qualification (if completed)

Copy of Driver's License

Copy of clearance with Child Protection Act and Sexual Offenders Register

I declare that the information I have given on this form is true and complete and can be treated as part of any subsequent contract of employment. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified, or, if I have already been appointed, I may be dismissed.

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

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

**Please write a brief motivation as to why you would like to be considered for an intern position at St John’s D.S.G. and how you meet the criteria for the position:**

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**DEADLINE FOR APPLICATION: 31 AUGUST 2018**  
**PLEASE EMAIL YOUR APPLICATION TO: info@stjohnsdsg.com**