PSYCAD PSYCHOLOGY INTERNSHIP APPLICATION FORM

Complete and email to: sumayyas@uj.ac.za

A. Application for internship

Please ensure that you meet the minimum entry requirements of the selected Psychology Internship as indicated by the HPCSA.

Internship type (please tick)	Counselling	Educational

B. Personal Details (certain information used for statistical purposes only)

Surname												
First Names	Initials											
Age												
Nationality												
South African Identity												
Number												
Passport Number (if												
applicable)												
Race (please tick)	Black		Coloured		Indi	-		White	;	oth	er	
Gender (please tick)	Male		•			Fema	-					
Disability (please tick)	Yes	No	lf yes, p	lease ind	icate	disabil	lity ty	pe:				
Languages	L	anguag	e	Flu	ent		Read	d/Write	•	Und	erstar	nd
	1.											
	2											
	3.											
Residential address									•			
Postal Address												
Current residing Province												
Contact details	Mobile nun	nber										
	Home telep	phone										
	Alternative	telephon	e contact									
	Email addr						_					



PsyCaD CENTRE FOR PSYCHOLOGICAL SERVICES AND CAREER DEVELOPMENT

C. Educational qualifications

	Qualification	Institution		Yea com	r Ipleted	Major subjects	
Masters							
Honors							
Bachelors							
Diploma							
Other							
Did you complete an	y previous internship	programme	Yes	No	If yes, ind	licate:	
(please tick)					Duration	in months:	
					Where:		
					Year:		
Research Topic							
Indicate progress on	research						
Are you currently em	ployed (please tick)		Yes	No	Where:		
Professional Registra	ation			1			
References	1.			2.			
Designation Contact No.							

D. Information in relation to internship

Internship placement is of 12 months duration in Johannesburg (Gauteng). Are you willing to relocate?	Yes	No
Will you be able to sustain your livelihood with a stipend of approximately R11 000 per month to cover all costs including travel, accommodation where applicable, meals etc.	Yes	No
Please elaborate on the following:		
1. Motivation for application		



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2.	Your views and needs for your Internship
2.	
2	
3.	Tell us more about yourself

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____

Date: _____

