



MINISTRY OF YOUTH, SPORT AND CHILD DEVELOPMENT

NATIONAL INTERNSHIP AND APPRENTICESHIP PROGRAMME

INTERNSHIP APPLICATION FORM



Personal details	First name:		
	Family name:		
	Gender:		
	Date of birth:		(dd/mm/yyyy)
		Town:	
		District:	
	Citizenship:		
Mailing address	Other nationality:		
	No. & Street:		
	Zip/Post code:		
	Town:		
	Country:		
	Telephone:		
	Mobile:		
	WhatsApp:		
E-mail:			



Preferred internship placement	To facilitate placement, please indicate in order of priority (maximum 3) the preferred areas of activity for which you wish to be considered for internship based on your educational background and interests. - Construction - Energy - Agriculture - Mining - Tourism - Manufacturing - Health: - Public Policy/Administration: - Civil Action: - Women's Rights - Good Governance - Financial Technology/Mobile Banking: - Youth/Child Development - Education: - Research and Innovation: - Finance/Administration: - Human Resources: - HIV/AIDS Prevention/Care - Private Sector Business: - Other (enter topic):	
Dates preferred for the Internship	From: (month/year) To: (month/year) Flexible? Yes/No	
Why are you the right candidate for the National Internship Programme (Complete in 200 words or less).		



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The National Internship and Apprenticeship Programme is made possible with funding from the Government of the Republic of Zambia through the Ministry of Youth, Sport and Child Development and Implemented by the National Youth Development Council



Social and/ or economic development participation	In 5-6 sentences, describe your prior experience either in leading an economic or social activity/organization or in civic action/volunteering.				
Education	<i>Give full details in reverse chronological order (starting from the latest). Give the exact name of the institution and title of degree in the original language. Do not include primary/secondary school if you have a university degree or equivalent.</i>				
	Years	Institution (name, place)	Degree obtained	Main field(s) of study	
Computer	For computer skills please check the box.				



skills	Word processing:	☐	Graphics/Image/Photo software:	☐	
	Spreadsheets:	☐	Financial software:	☐	
	Data bases:	☐	Web browser /E-mail:	☐	
	Presentation software:	☐	Other (s)software (Please specify below):	☐	
	Please explain your proficiency in your computer skills in 3 – 5 sentences:				
Professional experience	<i>List positions held in reverse order, (starting with the current/latest one):</i>				
	Date:	From:	(mm/yyyy)		
		To:	(mm/yyyy)		
	Job title:				
	Employer	Name:			
		Address:			
		Tel:		Mobile:	
		E-mail:			
Description of your duties and responsibilities:					



	Date:	From:	(mm/yyyy)		
		To:	(mm/yyyy)		
	Job title:				
	Employer	Name:			
		Address:			
		Tel:		Mobile:	
		E-mail:			
Description of your duties and responsibilities:					
References	List persons not related to you, who are familiar with your character and qualifications				
	1st				
	Name:				
	Occupation/ Business, Title:				
	Contact details:				
	2nd				
	Name:				
	Occupation/ Business, Title:				
	Contact details:				
	3rd				
Name:					
Occupation/ Business, Title:					
Contact details:					



Next of Kin		
Full Name _____	Physical Address: _____ _____ _____	
Phone 1 _____		
Phone 2 _____		

<i>I certify that my answers to the above questions are true, complete and correct. I understand that in order to participate in the Youth Lead internship program I must be available 5 days per week for a period of six months, not including holidays.</i>	
Date: (dd/mm/yyyy) _____	Signature (you may type your name): _____
APPLICATION SUBMISSION APPLICATION RECEIVED BY _____ DESIGNATION: _____ DATE: _____	