



Application form for Internships and volunteer services

- Please send the completed and signed form to SCT via Email, Fax or mail*
- Send your CV, motivational letter and references via Email.*

1. Personal data/ Surname, First names						Picture
Please double click on the grey boxes for answering. For action boxes please activate the appropriate choice and for text boxes please use the text field in each mask.						
Date of birth / Nationality / Sex / Marital status /						
Date:	Nationality:	<input type="checkbox"/> male	<input type="checkbox"/> single			
		<input type="checkbox"/> female	<input type="checkbox"/> married			
Are you medically fit? <input type="checkbox"/> yes <input type="checkbox"/> no			If not give details!			
2. Schools attended:		from – to	Certificate award			
		-	<input type="checkbox"/> yes <input type="checkbox"/> no			
3. Previous practical training:		from – to				
Kind of work:		-				
4. Previous stays abroad		from – to	Country / Land			
Purpose of visit:		-				
5. Languages	1=fluent	2=good	3=fair	4=satisfactory	5=weak	6=none
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Study field:		Department:	No.of years completed at University:			
Present University:						
7. Completed years at the time of traineeship?					Obligatory of traineeship?	
					<input type="checkbox"/> yes <input type="checkbox"/> no	
8. Desired kind of practical training abroad:		Period	Duration in months			
Desired kind of activities :		from	Minimum			
		to/	Maximum			
		flexible				

9. Services		
Would you like information about the following Language courses? (without obligation)	Preferred Accommodation	Accommodation:
Legal English <input type="checkbox"/>	<input type="checkbox"/> Room in Apartment	from:
Business English <input type="checkbox"/>	<input type="checkbox"/> Host family	
General English <input type="checkbox"/>	<input type="checkbox"/> Student Residence	to:
Adventure English Tours <input type="checkbox"/>	<input type="checkbox"/> Youth Hostel	
Are you interested in travelling: <input type="checkbox"/> yes <input type="checkbox"/> no		
10. Please enclose and check!		
<input type="checkbox"/> Application letter	<input type="checkbox"/> curriculum vitae	<input type="checkbox"/> list of courses
		<input type="checkbox"/> Course report
		<input type="checkbox"/> Recommendation
DISCLAIMER AND SIGNATURE		
<p>Please pay a deposit of 100 € so we can process your application and start looking for a Position for you. You will pay another 250 € as soon as the research is successfully completed and we have found a suitable placement for you. As soon as we have received this form and the payment, then we will send you a confirmation and start working on your application.</p>		
Method of Payment:		
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Direct electronic transfer	<input type="checkbox"/> Money Gram (i.e. Western Union)
Study Cape Town Bank: NEDBANK BRANCH CODE: 106909 Acc. No. 1069388173 SWIFT- CODE: NEDSZAJJ		
<p>Herewith, I engage Study Cape Town to search for a placement in Cape Town, South Africa for me. I agree to pay a deposit of 100 € for this service to Study Cape Town. The services of Study Cape Town start with the acknowledgement of payment. I am aware that an additional 250€ have to be paid as soon as the search was successful.</p>		
Date:	Name:	Signature:
Would you like information about the following Insurance (without obligation)?		
Travel Insurance <input type="checkbox"/>	Accident Insurance <input type="checkbox"/>	Liability Insurance <input type="checkbox"/>
We can handle the arrangement of your insurances for free. We can send you more information about price: <input type="checkbox"/>		
Would you like a transfer from the Airport? (FREE)		
Yes : <input type="checkbox"/>	No : <input type="checkbox"/>	
The following information can be provided up to ten days before departure.		
Arrival date:	Time:	Airline:
Flight number:	Departure Airport (City):	

Please send this form to Study Cape Town:

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 8005
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