



Job shadowing application

Job Shadowing Programme from 1 day to 5 days

First name:	Last name:	
School / Institution:	Tel/ Cell phone number:	
	Email address:	
Name of official to be shadowed:		
Are you a South African Citizen:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you live in Cape Town:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residential address:		
State what you expect to gain from the job shadowing experience:		
<p>To be completed by the school/institution (educator/lecturer)</p> <p>I support the above student/learner participation in the job shadowing programme and have discussed this with him/her as per the school/institution requirement. I confirm we agree to the code of conduct the city will provide to the student/learner.</p>		
Name and surname of guest:	Signature:	
I agree to the code of conduct the city will provide to me.	
Name and surname of Educator:	Signature:	
	
Name and surname of Parent/legal guardian	Signature:	
	

To be completed by the City of Cape Town:

I support the above employee participation in the job shadowing programme as a 'host' and I confirm that we agree to the code of conduct.

Name and surname of Corporate ETD Consultant:

Signature:

.....

Name and surname of host Manager of employee:

Signature:

.....

Please include with your application:

- A certified copy of your ID
- A letter from your institution requesting job shadowing and the duration (1-5 days only as per the ETD framework)
- A short 1 page CV (must contain your address and your educator/lecturer contact numbers)

Process to follow for submission:

- Application to be sent to the following City of Cape Town E-mail address:
 - Student Opportunities (Student.Opportunities@capetown.gov.za)
 - HR Service Desk (hrservicedesk@capetown.gov.za)

For office use only

Corporate ETD Administrator

Check List:

Documents to be submitted	YES	NO
Certified copy of ID		
Letter from the student requesting job shadowing		
1 page CV		

Signed by:

Corporate ETD Administrator

Name and surname:

.....

Signature:

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