



**Vacation Programme application
from one up to three weeks**

First name:		Last name:	
Institution/University/College:		Tel/ Cell phone number:	
		Email address:	
Field of study where vacation work is required:			
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 vacation programme experience:			
To be completed by the institution/university/college (Lecturer)			
I support the above student participation in the vacation programme as this an institution/university/college requirement.			
Name and surname of the student:		Signature:	
I hereby agree to the code of conduct the city will provide to me.		
Name and surname of the Lecturer:		Signature:	
		
To be completed by the City of Cape Town officials:			
I support the above student participation in the vacation programme as this an institution/university/college requirement.			
Name and surname of the Corporate ETD Consultant:			

	Signature:
Name and surname of Line Manager:	Signature:

Please include with your application:

- A certified copy of your ID
- A letter from your institution/university/college requesting vacation work and the duration (1 up to 3 weeks)
- A short 1 page CV (must contain your address and your lecturer contact numbers)

Process to follow for submission:

- Application with supporting documents to be submitted to the E-mail address below:
 - Student Opportunities (Student.Opportunities@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 institution/university/college requesting vacation work		
1 page CV		

Signed by:
Corporate ETD Administrator
Name and surname:

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Signature:

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