VAZ MEMBERSHIP APPLICATION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | | First Name |  | |
| Id. Number |  | | Dob |  | |
| Gender |  |  |  |  | |
|  |  |  |  |  | |
| Physical Address |  | Permanent Address |  |  | |
| Profession |  | | | | |
| Qualifications |  | | | | |
|  |  |  |  |  | |
| Volunteer category (tick appropriate) | Unemployed Graduate | Retrenched Artisan/Expert | Student on Attachment | Practising Expert/Specialist | |
|  |  |  |  |  | |
| **If Student on Attachment** | | | | | |
| Name of University/College |  | | Duration of Internship Required (Months) | |  |
| Program of Study |  | | Year of enrolment |  | |
| Preferred Location in order of preference (List) |  |  |  |  | |
| Do you Have accommodation in the preferred location? Y/N |  |  | Last date of placement |  | |
|  |  |  |  |  | |
| **If Unemployed Graduate** | | | | | |
| Program of study? Inc Grade where applicable |  | | Year of Graduation |  | |
| Issuing institution |  | | | | |
| Do you have a drivers licence? |  |  | If yes, give licence number. |  | |
|  |  |  |  |  | |
| **If Practicing Expert/Specialist** | | | | | |
| Current employer/institution of affiliation |  | | Current Position |  | |
|  |  |  | Years of Experience |  | |
| Availability | STP | MTP | EMS | DRM | |
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