VAZ MEMBERSHIP APPLICATION FORM

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| --- | --- | --- | --- |
| 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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