



SOUTHERN AFRICAN INSTITUTE
for **POLICY AND RESEARCH**

SAIPAR INTERNSHIP PROGRAMME APPLICATION

A. GENERAL INFORMATION

FAMILY NAME: _____ **FIRST NAME:** _____

GENDER: _____ **DATE OF BIRTH:** _____

CITIZENSHIP: _____ **COUNTRY OF RESIDENCE:** _____

POSTAL ADDRESS: _____

EMAIL: _____ **MOBILE NUMBER:** _____

B. EDUCATION

DEGREE _____ **YEAR** _____

DEGREE _____ **YEAR** _____

C. INTERNSHIP INFORMATION

PERIOD OF INTENDED INTERNSHIP _____

FIRST TIME APPLICANT? Y N **INTERNSHIP RENEWAL?** Y N

SIGNATURE: _____ **DATE:** _____

FOR OFFICIAL USE ONLY

APPROVED? _____ **PERIOD:** _____

MENTOR: _____ **SIGNATURE:** _____

PROJECT _____