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2024/25 COMMUNITY EDUCATION AND TRAINING(CET) COLLEGES INTERNSHIP APPLICATION FORM

Name of CET			
College			
CET Physical			
Address &			
Province			
Name of CET		Designation of CET	
Representative		Representative	
Email address of		CET Representative	
CET		Contact Number	
Representative			
Type of		Total Number of	
Internship		Interns required	
(Matric plus one			
year qualification			
or Matric plus 3			
years			
qualification)			$\overline{}$
Qualification			
applying for			
(Select as per the	/		
advert)			
Signature of CET	\	Date	
Representative			
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