



---

**Continuous Professional Development (CPD) Internship Application Form**

(To be completed in BLOCK LETTERS)

SECTION A: PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Gender:    Male    Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Nationality: \_\_\_\_\_

Student ID / Index Number: \_\_\_\_\_

Name of Training Institution: \_\_\_\_\_

Programme of Study: \_\_\_\_\_

Year of Completion: \_\_\_\_\_

SECTION B: CONTACT INFORMATION

Postal Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

SECTION C: INTERNSHIP DETAILS

Preferred Internship Period: From \_\_\_\_\_ To \_\_\_\_\_

Total Duration (Weeks/Months): \_\_\_\_\_

Preferred Region/District for Placement: \_\_\_\_\_

Preferred Facility Type:    Veterinary Clinic    Laboratory    Research Station    Field Service

Other (Specify): \_\_\_\_\_

Alternative Facility/Region (if any): \_\_\_\_\_

Reason for Selecting this Placement: \_\_\_\_\_

---

---

SECTION D: SPONSORSHIP / FUNDING

Who will bear your expenses during the internship?    Self    Institution    Sponsoring Agency

Other (Specify): \_\_\_\_\_

If sponsored, provide sponsor details:

Name of Sponsor/Agency: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

SECTION E: DECLARATION BY APPLICANT

I hereby declare that all the information provided above is true and accurate to the best of my knowledge. I understand that any false statement or omission may result in the rejection or withdrawal of my application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION F: TO BE COMPLETED BY TRAINING INSTITUTION / SUPERVISOR

Name of Academic Supervisor: \_\_\_\_\_

Position/Designation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Recommendation:    Recommended    Not Recommended

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Institution's Stamp:

SECTION G: FOR OFFICIAL USE ONLY

Application Received On: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Placement Facility Assigned: \_\_\_\_\_

Supervisor Assigned: \_\_\_\_\_

Internship Period Approved: From \_\_\_\_\_ To \_\_\_\_\_

Remarks: \_\_\_\_\_

Approved By: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Council's Official Stamp: