COUNTY GOVERNMENT OF KAJIADO

KAJIADO COUNTY ASSEMBLY

APPLICATION FOR INTERNSHIP FORM

APPLICATION FOR INTERNSHIP PROGRAMME FORM

Please complete this form in BLOCK LETTERS and submit to the Head of Human Resource Management & Development.

1. Full name: .....
2. Date of Birth: .....
3. Identity Card Number: ..... Gender: Female ☐ Male ☐
4. Personal Identification Number (PIN): .....
5. Postal Address: .....Postal Code: ..... Town: .....
6. E-mail Address: .....Mobile Number: .....
8. Home County: ..... Sub-county: .....
9. Disability Status: .....

10. Educational/Professional Qualifications

S/No	University/Institution	Year of Study/ Graduation	Course	Internship period

11. Area of Interest ……..

I certify that the above information is true to the best of my knowledge.

Name: ……

Signature: ……

Date: ……