



Bringing Hope, Breaking Despair

## STUDENT INTERN / PRACTICAL HOURS APPLICATION FORM

South African Residents

Please visit our website [www.livinghope.co.za](http://www.livinghope.co.za) to find out more about us.

**Please complete the application form to the best of your ability.**

PLEASE NOTE THAT INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

USE THE CHECKLIST BELOW TO ENSURE THAT YOUR APPLICATION IS COMPLETE

Description	Check Box
* CV – if applicable	
* <b>INTERN Agreement – PRACTICAL HOURS letter from institution</b>	
* Indemnity Form and affidavit / police clearance check	
* Compliance Document	
* ALL applicable certificates (Required for Home Based Care) <b>OR REFERENCE LETTER FROM YOUR LEARNING INSTITUTION STATING YOU ARE REGISTERED IN THEIR PROGRAMME</b>	
Good quality certified copy of ID	
Certificate if course completed	

**\* Due to the relative legislation, all employees, Interns and volunteers working with vulnerable individuals are required to present a Police clearance certificate and complete the attached affidavit.**

(This letter can be obtained from your local police station – alternatively you can arrange with the HR department to facilitate a check on your behalf – at your own cost.)

Please return your completed application form to the volunteer office at Capri.

Alternatively, you may email it to [volunteer@livinghope.co.za](mailto:volunteer@livinghope.co.za)

*Please note all applications will be kept on file for 12 months only.*

We look forward to receiving your application; if you have any questions feel free to contact the volunteer department.

Thank you,

Volunteer Coordinator

Living Hope

Phone: 021 784 2800 Email:

[volunteer@livinghope.co.za](mailto:volunteer@livinghope.co.za)

## Living Hope

### STUDENT INTERN / PRACTICAL HOURS APPLICATION FORM

#### Personal Details

First Name: _____  Date of Birth: _____/_____/_____  Cell Phone No: _____  Residential Address: _____  _____ <b>Studying Institution name:</b> _____  Contact No: _____  Contact person: _____	Surname: _____  Male or Female: _____  I.D. Number: _____  E-mail: _____  Date Application Completed: _____  Date starting practical hours: _____ Practical hours required: _____ Course / Degree / Diploma completing: _____ _____
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#### Internship / Practical hours Period

##### HEALTH CARE

**Community Health workers – Only Monday to Friday is available.**

***Please tick in each box to indicate the times when you are available:***

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Day (8-4) Monday to Friday (in the communities)							
Day: 12-hour shift at the Health care centre							
Evenings: for 12-hour shift at the Health care centre							

**Which area are you able to work in for practical hours (please tick in the box):**

Capri (HCC)	Masi	Ocean View	Red Hill	Capricorn	CAPRI MAIN CAMPUS

OTHER PROFESSIONS: (tick / highlight)

- SOCIAL WORK
- THEOLOGY / COUNSELLING
- MANAGEMENT ASSISTANT
- HUMAN RESOURCES

IF PROFESSION NOT LISTED ABOVE: \_\_\_\_\_

FOR ALL LISTED, WORKING DAYS ARE MONDAY TO FRIDAY, 8:AM TO 4PM OR AS ARRANGED.

Will you have transport to and from the Living Hope site? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

**Education & Experience**

**What is your highest level of education completed: (tick one)**

High School Diploma	College Degree	Home based Care certificate	University Degree

**If you have a post High School qualification please indicate what certificates, degrees etc. you have if applicable / Or state what qualification you are currently busy with:**

\_\_\_\_\_

**If you have previous practical experience please indicate where you did your previous practicals:**

\_\_\_\_\_

**If employed, what is your current occupation and how long have you worked there?**

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date Hired

We respect your right to privacy and therefore aim to ensure that we comply with the legal requirement of the POPI Act which regulates the manner in which we collect, process, store, share and destroy any personal information which you have provided to us.



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## INTERNSHIP / PRACTICAL HOURS AGREEMENT – STATEMENT OF FAITH

I, \_\_\_\_\_, the undersigned, hereby acknowledge that Living Hope is a Christian faith-based organization and further acknowledge that the statement of faith detailed below is the basic declaration of the beliefs agreed to and held by this organisation. I agree that I will in no way, whether by word or by deed, do anything contrary to or in opposition to this statement of faith while I am engaged in any activity associated with Living Hope. Any violation of this agreement will result in my immediate disassociation from Living Hope.

### Statement of Faith

We believe in the Triune God, the Father, the Son and the Holy Spirit. We believe that the Bible is inspired by the Holy Spirit in all its statements.

Therefore, we confess:

- God the Father is creator and preserver of all.
- Jesus Christ, true man and true God, is the Son of God. He is born of the virgin Mary and He has substitutionary shed His blood on the cross for the sins of the whole world. He is bodily resurrected and has returned into the glory of God. He sits at the right hand of God and will manifestly return.
- God has sent His Holy Spirit into the world, so that He might open the eyes of man in respect of sin, of righteousness, of judgment and that He may reveal the whole divine truth to God's redeemed.
- Human nature is sinful. Only owing to redemption through the blood of Jesus can man be converted, be born again and justified before God.
- The redeemed will rise from the dead in glory to eternal life; those who are not redeemed will pass into everlasting destruction.
- All those who are born-again constitute the Church, the "Body of Christ".
- For the Church missionary command of Jesus is valid and binding: "Go therefore to all nations and make disciples, baptizing them in the name of the Father, and of the Son, and of the Holy Spirit: teaching them to observe all things I have commanded you." (Matthew 28:19-20)

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_  
day/month/year



**INTERN / PRACTICAL HOURS WORKER INDEMNITY FORM**

I, \_\_\_\_\_, the undersigned, an intern or practical hours student for Living Hope do hereby acknowledge and confirm that:

“I, my heirs, executors or assigns indemnify and hold harmless Living Hope, its trustees, officers, employees and partners against injury, illness, harm, loss, consequential loss, damage or damages of whatsoever nature that I may sustain or suffer as a result of my decision to do volunteer work within Living Hope Trust as set out above and arising out of any cause in whatsoever nature, including but not limited to negligence, and howsoever arising.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

day/month/year

**If a student or Intern is under eighteen (18) years of age, this Indemnity is also to be signed by the individual's parent or natural legal guardian.**

PARENT/GUARDIAN SIGNED \_\_\_\_\_ DATE \_\_\_\_\_



**INTERN / PRACTICAL HOURS COMPLIANCE DOCUMENT**

I, \_\_\_\_\_, as a responsible individual will ensure that the requirements of the Act and Regulation, Disaster Management & Security are complied with. Interns have a responsibility to take care to protect their own health and safety and to avoid adversely affecting the health and safety of any other person. Volunteers have a responsibility to:

- Report any incident or hazard at work to their manager or supervisor.
- Carry out their roles and responsibilities as detailed in the relevant health and safety, disaster management and security policies and procedures.
- Obey any reasonable instruction aimed at protecting their health and safety, disaster management and protection of Living Hope’s property while at work.
- Assist in the identification of hazards, the assessment of risks and the implementation of risk control measures.
- Consider and provide feedback on matters that may affect their health and safety, disaster management and the protection of the relevant facility.
- Ensure that any observed information of a personal nature related to Living Hope clients or staff would remain confidential and not discussed unless related to the Intern or Student’s work responsibilities with Living Hope staff.
- Ensure that they are not affected by alcohol or any drug, endangering their own or any other persons’ health and safety, impede disaster management or protection of the facility.
- Ensure that they are not affiliated with and are not currently involved in any gang related activity that would put themselves and/or any Living Hope staff at risk.

I, \_\_\_\_\_, understand my responsibilities as detailed above and confirm my acceptance of them.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

day/month/year



## **MEMO TO ALL LIVING HOPE EMPLOYEES / VOLUNTEERS / INTERNS**

In order to be compliant with the following acts and bills of national legislation:

- Bill of Rights of South Africa 1996
- Constitution of South Africa 1996
- Children's Act and Children's Act Amendments (No 32 of 2007 and 10 of 2010)
- Labour Relations Act (No. 66 of 1995) and Amendment - Labour Relations Act 2002
- Older Persons Act 13 of 2006
- South African White Paper on the Rights of Persons with Disabilities 2016
- The Children's Act Guide for Child and Youth Care Workers (2011), First Edition, January 2011
- The Criminal Law (Sexual Offence and related matters) Act 32 of 2007 and Criminal Law (Sexual Offence and related matters) Amendment Act 6 of 2012
- UN Convention on the Right of a Child 2010
- UN Convention on the Right of Persons with Disabilities 2007

All Living Hope employees / volunteers / Interns working with children, the elderly, persons with disabilities, vulnerable persons or persons at risk for harm are mandated to submit an annually updated SAPS clearance certificate to their employer. Living Hope undertakes a process to assist all employees in obtaining an annual police clearance certificate.

All Living Hope employees / volunteers / Interns are also advised that, in addition to the acquisition of the SAPS clearance certificate, they must also disclose to their employers (on affidavit) that they have never been convicted of abuse and/or a sexual offence against a child or a mentally disabled person. This is provided for in terms of Section 46(1), (2) and (3) of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 32 of 2007. This affidavit, will be placed in the employee's / volunteers / interns file until such time that the National Register for Sex Offenders (NRSO) (as outlined below) can be validated. The affidavit attached must be signed as soon as possible. Feel free to contact your direct report or HR department with any questions.

"The cornerstone of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, No. 32 of 2007 (SORMAA), is the National Register for Sex Offenders (NRSO). As part of curbing the prevalence of sexual offences in South Africa, the Department of Justice and Constitutional Development has, in terms of Chapter 6

of the Act, implemented the National Register for Sex Offenders on 30th June 2009. The register gives employers in the public or private sectors such as schools, crèches and hospitals the right to check that the person being hired is fit to work with children or mentally disabled people. NRSO was established by an Act of Parliament in 2007. It is a record of names of those found guilty of sexual offences against children and mentally disabled people.”



### **SWORN AFFIDAVIT**

In accordance with the following acts and bills of national legislation:

- Bill of Rights of South Africa 1996
- Constitution of South Africa 1996
- Children’s Act and Children’s Act Amendments (No 32 of 2007 and 10 of 2010)
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- UN Convention on the Right of a Child 2010
- UN Convention on the Right of Persons with Disabilities 2007

I do hereby declare that I am not aware of any criminal convictions, past or present, levied against me for abuse or sexual offence against a child, an elderly adult or a mentally disabled person.

Initials: \_\_\_\_\_

I do hereby declare that to the best of my knowledge I have not been listed by the Department of Justice and Constructional Development as un-suited to work with vulnerable populations as a result of previous events.

Initials: \_\_\_\_\_



I understand that it is my duty to disclose to Living Hope any future criminal convictions levied against me for abuse or sexual offence against a child, an elderly adult, or a mentally disabled person.

Full Name AND Surname: \_\_\_\_\_

ID no: \_\_\_\_\_

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

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