

PLACEMENT INFORMATION

Please provide the details of TWO (2) potential work placement sites which are conveniently located to you and would be willing to facilitate you during the required voluntary service. Approved locations must be government organisations or non-profit/Non-governmental. Preference will be given to institutions in the Health, Education and Social Services sectors.

PLACEMENT OPTION #1	PLACEMENT OPTION #2
NAME OF ORGANISATION:	NAME OF ORGANISATION:
RELATIONSHIP TO APPLICANT:	RELATIONSHIP TO APPLICANT:
ADDRESS 1:	ADDRESS 1:
ADDRESS 2:	ADDRESS 2:
NAME OF PLACEMENT SUPERVISOR:	NAME OF PLACEMENT SUPERVISOR:
TELEPHONE NUMBER (S):	TELEPHONE NUMBER (S):
EMAIL ADDRESS:	EMAIL ADDRESS:
_____ SIGNATURE & STAMP OF PLACEMENT REPRESENTATIVE	_____ SIGNATURE & STAMP OF PLACEMENT REPRESENTATIVE

STUDENT DECLARATION

I have read and understood this document and hereby agree that I will be disqualified from the programme, if it is found that information provided to JAMVAT under this application, or by subsequent requests, is found to be false. I also agree that and in so doing I would have forfeited all rights to payment and future opportunities for consideration under the programme. I declare that the information on this form is to the best of my knowledge true, correct and complete. In signing this document, I agree to:

1. Participate in all mandatory activities, including the Workshops. *(Absence from these activities will disqualify a candidate from the award)*
2. Participate in any evaluation/study conducted by the Students' Loan Bureau (SLB)/JAMVAT for the purpose of assessing the performance of the Financial Assistance Programme.
3. Use the money obtained for the intended purpose only.
4. Allow the SLB/JAMVAT to verify the information provided in this application form.

Name of applicant: _____
(BLOCK CAPITALS)

Name of witness: _____
(BLOCK CAPITALS)

Signature of applicant: _____

Signature of witness: _____

Date (dd/mm/yy): ____ / ____ / ____

Date (dd/mm/yy): ____ / ____ / ____