



**AFRICA GOVERNANCE TRANSFORMATION & APPALACHIAN STATE UNIVERSITY  
LEGISLATIVE FELLOWS PROGRAM FOR YOUNG SOUTH AFRICAN LEADERS**

# Application Form

**CLOSING DATE: 6<sup>th</sup> NOVEMBER 2009**



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

**Please type application or print legibly in black ink**

**I. PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
*(Please write your names as they appear on your passport if you have one)*

Place of Birth: City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_ Citizenship \_\_\_\_\_

Gender: Male [ ] Female [ ] Marital Status: Single [ ] Married [ ] Widow [ ]

Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**II. LANGUAGES AND TRAVEL ABROAD**

1. How is your English language proficiency? Please select one that closely matches your proficiency: Elementary Proficiency (S-1), Limited Working Proficiency (S-2), Professional Working Proficiency (S-3), Full Professional Proficiency (S-4), Native or Bilingual Proficiency (S-5)

Reading [ ] Writing [ ] Speaking [ ]

2. Have you traveled abroad before? Yes [ ] No [ ] List four countries to which you traveled and reason for travel.

Country \_\_\_\_\_ Year of visit \_\_\_\_\_ Reason \_\_\_\_\_

Country \_\_\_\_\_ Year of visit \_\_\_\_\_ Reason \_\_\_\_\_

Country \_\_\_\_\_ Year of visit \_\_\_\_\_ Reason \_\_\_\_\_

Country \_\_\_\_\_ Year of visit \_\_\_\_\_ Reason \_\_\_\_\_

3. Do you have relatives in the U.S.? Yes [ ] No [ ] If yes, give name, address and relation to you.

\_\_\_\_\_  
\_\_\_\_\_



**IV. PROFESSIONAL DEVELOPMENT AND CAREER GOALS** (Please use separate pages, if necessary)  
What are your long-term goals? Why do you want to participate in this program?

**V. BIOGRAPHICAL INFORMATION** (Attach additional pages if necessary)  
Describe any personal information, experiences or skills that would contribute to your success as an intern (both in the U.S. and after you return home)

**VI. EDUCATION AND COMPUTER COMPETENCE**

Last institution attended \_\_\_\_\_  
(You must attach a copy of your diploma from the last institution)

Dates of attendance: From \_\_\_\_\_ to \_\_\_\_\_ Degree received \_\_\_\_\_

Specialization \_\_\_\_\_

Other institutions attended & dates \_\_\_\_\_

Awards/Honors \_\_\_\_\_

What is your computer competence level? Beginner [ ] Intermediate [ ] Advanced [ ]

Do you have internet access at home? Yes [ ] No [ ] Explain: \_\_\_\_\_

Do you have computer access at home? Yes [ ] No [ ]

Do you have computer access in your neighborhood? Yes [ ] No [ ] If yes, explain: \_\_\_\_\_

**VII. PLACEMENT PREFERENCES AND INFORMATION**

Each Legislative Fellow will be placed in the U.S. internship organization that closely resemble his or her organization in South Africa. Please select two organizations that you would like to be placed for internship in order of priority by placing 1 for the first priority and 2 for the second priority.

- [ ] Small town government (population of 10,000 – 24,000);
- [ ] Medium-size city government (population of 25,000 – 100,000);
- [ ] Large city government (population of 101,000 and more);
- [ ] North Carolina League of Municipalities (equivalent to KwaZulu Natal Association of Local Governments);
- [ ] University of North Carolina School of Local Government;
- [ ] North Carolina General Assembly (equivalent to KwaZulu Natal Provincial Parliament);
- [ ] United State Congress (equivalent to the South African National Parliament).

The medical insurance that you will receive during your stay in the U.S. will not cover any pre-existing medical conditions. Do you have any health problems or physical disabilities that should be taken into account in your placement? Yes [ ] No [ ]  
If yes, please describe. \_\_\_\_\_

Are you currently taking any medication? Yes [ ] No [ ] If yes, please indicate the kind of medication and why. \_\_\_\_\_

Do you have any dietary restrictions? Yes [ ] No [ ] Explain \_\_\_\_\_

Do you smoke? Yes [ ] No [ ] If yes, can you confine the smoking to designated smoking areas? Yes [ ] No [ ]

Do you have objections to others smoking? Yes [ ] No [ ]

Do you object to host family having pets? Yes [ ] No [ ] If yes: Cats? [ ] Dogs? [ ] All Pets? [ ]

Name/Address/Mobile Phone of contact person in case of emergency and how are you related to this person: \_\_\_\_\_

What are your hobbies and leisure time interests? \_\_\_\_\_

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**VIII. CURRICULUM VITAE**

Please attach a copy of your curriculum vitae. In a brief, one-page statement, describe your background, education, practical experience and significant influences on your personal, educational and professional development.

**IX. REFERENCES**

Please submit three letters of recommendation from professional colleagues. **One of these letters MUST be from your current supervisor.**

Please type or print and attach additional pages for any questions beyond the spaces provided on this form. All application materials should be sent to:

**Legislative Fellows Program  
Africa Governance Transformation  
Suite 18E, Lillies Quarter  
12 Old Main Road,  
Hillcrest-Durban 3610  
Phone: (031) 765 4722  
E-mail: info@agtsa.co.za**

Please note that an application that is missing any of the items mentioned in this document will be deemed to be incomplete and will not be considered.

**By my signature below, I certify that to the best of my knowledge, the information provided in all parts of my application is accurate and complete. I understand that final approval of my application is dependent upon my eligibility for a visa to the United States. I agree to return to South Africa upon the expiration of my authorized stay in the United States.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**The Legislative Fellows Program for South African Young Leaders is funded by the U.S. Department of State, Bureau of Educational and Cultural Affairs and administered by Africa Governance Transformation (South Africa) and Appalachian State University (USA)**