

COUNTY GOVERNMENT OF VIHIGA



COUNTY PUBLIC SERVICE BOARD

“Transforming Public Service”

Email address:Cpsbvihiga@yahoo.com. Telephone: 0770773463277/ 0783339778

APPLICATION FOR INTERNSHIP PROGRAMME FORM

Please complete this form in BLOCK LETTERS and submit one hard copy to the Secretary/ CEO, County Public Service Board with regards to advertised internship opportunities.

County Department

Full name.....
Date of Birth
Identity Card/Passport Number.....
Gender.....
Personal Identification Number (PIN).....
Postal Address
Postal Code Town.....
E-mail Address.....
Mobile Number
Home County
Sub-County Ward.....
Ethnicity
Disability Status

Educational/Professional Qualifications

University/Institution.....
Year of Graduation.....
Class/Grades.....
Other qualification(s)
.....

Area of Interest

CHAPTER SIX (6) CLEARANCES/ COMPLIANCE CERTIFICATES

- a. Certificate of Good Conduct/ DCI - POLICE
b. Kenya Revenue Authority (KRA)
c. Higher Education Loans Board(HELB)
d. Credit Reference Bureau(CRB)
e. Ethics And Anti- Corruption Certificate (EACC)

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

Name:
Signature: Date:.....

Departmental Chief Officer’s Recommendations to the County Public Service Board

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Name.....Signature:
Date:..... Stamp.....

Internship Approved/ Not Approved _____

By Secretary/ CEO County Public Service Board
Signature: Date:.....

Disclaimer

- 1. Internship is for a specified period and is non- renewable.
2. It shall be offered to qualified youth to acquire work based skills and experience that can make them employable and therefore, shall be non-remunerative.
3. All interns shall be required to have a personal accident insurance policy cover.
4. Those who have undergone internship elsewhere “do not qualify”.
5. It is an offense for internship to commence without the Chief Officer recommending and Secretary/ CEO County Public Service Board Approval