

INTERN RESIGNATION FORM_DSI-HSRC INTERNSHIP PROGRAMME

This form is to be completed by an intern on the DSI-HSRC Internship Programme if he/she wishes to resign from the programme. Please provide the details below pertaining to your resignation.

The purpose of this form is to collect data to assist in identifying trends and reasons for resignations. Please return the completed form to Ms Mapula Kekana on MKekana@hsrc.ac.za or DSI_HSRC_Internship@hsrc.ac.za

1.1 DETAILS OF INTERN									
Surname				Name					
Qualification				Area of spec.					
Tel w				Cell					
Tel h				Postal Address					
Email				ID No					
1.2 DETAILS OF HOST INSTITUTION									
Name of host institution									
Name of mentor									
Tel. of mentor				Cell of mentor					
1.3 DETAILS OF RESIGNATION									
Date of duty assumption on Internship Programme									
First day (date) of two weeks notice period									
Date of last working day on Internship Programme									
Name of new/future work place or place of study									
Future Tel w									
Future personal Cell nr (if different to 1.1 above)									
Future personal postal address (if different to 1.1 above)									
Number of leave days taken before two weeks notice period commences	Annual			Sick		Family resp.		Special	
2 REASONS FOR RESIGNATION (Mark with X where appropriate)									
2.1 Other Employment	Permanent appointment	Contract appointment		In line with qualification	Not in line with qualification				
2.2 Better internship offer else where									Yes No
If yes, in what way is this internship offer better?									
2.3 Further study									Yes No
If yes, provide details about your study programme.									
2.4 Any other reason/s									
Signature of intern	Date			Signature of mentor	Date				