

ENTREPRENEURS NETWORK ASSOCIATION OF ZIMBABWE (ENAZ)

INTERNSHIP HUB REGISTRATION FORM

Instructions:

- Fill out all required sections in clear, legible handwriting.
- Attach copies of required documents.
- Submit the completed form to the Internship Hub office or via email at info@enaz.co.zw

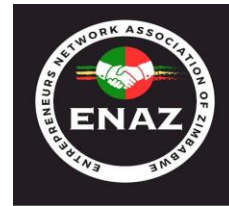
1. PERSONAL INFORMATION

- ENAZ Membership ID Number: _____
- Full Name: _____
- Date of Birth: ____ / ____ / _____
- Gender: Male Female
- Phone Number: _____
- Email Address: _____
- Home Address (City, Country): _____

2. ACADEMIC INFORMATION

University/College Name: _____

Degree Program: _____



Year of Study: 1st Year 2nd Year 3rd Year Final Year Graduate

Expected Graduation Date: ____ / ____ / _____

3. INTERNSHIP PREFERENCES

Preferred Industry: (Tick one or more)

IT Finance Marketing Engineering Healthcare Education other: _____

Preferred Internship Duration: 3 months 6 months 1 year other: _____

Preferred Work Mode: Remote On-site Hybrid

Available Start Date: ____ / ____ / _____

4. SKILLS & EXPERIENCE

Key Skills (List at least three):

1. _____
2. _____
3. _____

Do you have previous internship experience? Yes No

If yes, briefly describe your experience:



5. SUPPORTING DOCUMENTS (ATTACH COPIES)

- CV/Resume
- Cover Letter
- Portfolio

6. ADDITIONAL INFORMATION

Any special requirements or comments?

7. CONSENT & DECLARATION

- I confirm that the information provided is accurate.
- I agree to the terms and conditions of the ENAZ Internship Hub.

Applicant Signature: _____ **Date:** ____ / ____ / _____

8. OFFICIAL USE ONLY (TO BE FILLED BY ENAZ INTERNSHIP HUB STAFF)

Application Status: Approved Pending Rejected

Comments: _____

Reviewed by: _____ **Date:** ____ / ____ / _____