



GENERAL APPLICATION FORM

NAME: _____

BIRTH DATE: _____

ADDRESS: _____

CELL: _____

EMAIL: _____

OCCUPATION: _____

HOME LANGUAGE: _____

IF YOU ARE A STUDENT:

COURSE: _____

YEAR: _____

STUDENT NUMBER: _____

WHAT POSITION(S) INTEREST YOU AT MFM? _____

PREVIOUS EXPERIENCE? _____

ARE YOU PREPARED TO SPEND AT LEAST TEN HOURS A WEEK AT MFM? _____

ARE YOU WILLING TO WORK DURING HOLIDAYS? _____

INTERESTS AND HOBBIES? _____

PLEASE INCLUDE A SHORT CV WITH YOUR APPLICATION

PLEASE INCLUDE A ONE PAGE MOTIVATIONAL LETTER, OUTLINING WHY YOU WANT TO WORK IN RADIO, AND HOW MFM WILL BENEFIT FROM YOUR INVOLVEMENT

THANK YOU FOR APPLYING

FOR FURTHER ENQUIRIES, PHONE (021) 883 3671, FAX (021) 808 4814 OR

MAIL mfm@mfm.sun.ac.za