



NEA/INT/2

NATIONAL EMPLOYMENT AUTHORITY OFFICE

COUNTY.....

SUB-COUNTY.....

DECLARATION OF INTERNSHIP VACANCIES

Name of Employer/Establishment	
Address	
Tel. No.	
Email	
Office Location	
Nature of Work	

INTERNSHIP REQUIREMENTS DETAILS

	Occupation	Qualifications/Area of Specialization	No. of Vacancies	Duration of internship	Expected Start Date
1					
2					
3					
4					
5					
6					