



The purpose of this form is to assist the Department in selecting persons from the Western Cape for advertised learning opportunities. This form will be used to identify candidates to be interviewed, since all applicants cannot be interviewed. You need to fill in this form completely, accurately and readable. For you to be considered for these training opportunities you must complete a Learnership application form.

ANSWER ALL QUESTIONS PLEASE

- Are you a resident of the Western Cape? Yes No
- Are you between the ages of 18 and 35 years? Yes No
- Have you attached certified copies of your ID and qualifications? Yes No
- Have you attach your CV? Yes No

PROGRAMME DETAILS		Please indicate the region where you reside	
Address:		<input type="checkbox"/> Cape Metro	<input type="checkbox"/> West Coast
		<input type="checkbox"/> Overberg	<input type="checkbox"/> Central Karoo
		<input type="checkbox"/> Eden	<input type="checkbox"/> Winelands
Learnership applied for. Please indicate			Ref No
PERSONAL DETAILS			
Surname		First Name/s	
Date of Birth		ID Number	
Nationality		If not SA, specify	
Race	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Indian	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Disability	<input type="checkbox"/> Yes - If Yes, please specify: <input type="checkbox"/> No		
Home Language		2 nd Language	
Contact Number	Home:	Work:	Cell:
E-mail address		Phone2:	Phone3:
Next-of-kin Name		Contact Number:	
EDUCATION			
Highest Standard/ Grade passed		Name of School/ Institution	
Subjects		Symbol/Percentage/Level of Achievement	
Post-Matric Qualification		Institution	

WORK EXPERIENCE

Are you currently employed?	<input type="checkbox"/> Yes	Referee's Name:			
	<input type="checkbox"/> No	Contact Number:			
Current Employer	Position/ Job Title	From		To	
		MM	YY	MM	YY
Previous Employer	Position/ Job Title				
Reason for leaving:					

INTERESTS & HOBBIES

Hobbies	
Interests	

MOTIVATE WHY YOU SHOULD BE CONSIDERED FOR THIS LEARNERSHIP

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PLEASE: ATTACH YOUR CV TO THIS FORM

Declaration by Applicant:

I declare that all information provided (including attachments) is complete and correct to the best of my knowledge.

Signature of Applicant:

Date: