



CENTRAL KAROO
APPLICATION FOR LEARNERSHIP 2019/20
Phase 12
Closing Date: 25 October 2019

The purpose of this form is to assist the Department in selecting youth from the Western Cape for advertised learning opportunities. This form will be used to identify candidates to be interviewed for training opportunities. For applicants to be considered for this training opportunities you need to complete this Learnership application form accurately and readable. Copies of your certified Identification Document, Qualifications and CV must be attached to this form.

ANSWER ALL QUESTIONS PLEASE

- Are you a resident of the Western Cape? Yes No
- Are you between the ages of 18 and 34 years? Yes No
- Have you passed Grade 10-12 or a TVET equivalent? Yes No
- Have you attached certified copies of your ID and qualifications? Yes No
- Did you attach your CV? Yes No

Trade name and reference number (see advertisement) (only indicate one trade per application form)	MASONRY (BRICKLAYING) <input type="checkbox"/> ROAD WORKS CONSTRUCTION <input type="checkbox"/> SOLAR PV INSTALLATION <input type="checkbox"/>
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PERSONAL DETAILS

Surname		First Name/s	
Address:			
Date of Birth		ID Number	
Nationality		If not SA, specify	
Race (Please indicate one)	<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		2nd Language	
Contact Numbers	Home:	Work:	Cell:
E-mail address		Phone2:	Phone3:
Next-of-kin Name		Contact Number:	

QUALIFICATIONS

Highest Standard/ Grade passed		Name of School	
Subjects		Symbol/Percentage/Level of Achievement	
1.			
2.			
3.			
4.			
5.			
Post-Matric Qualification		Institution	

INDICATE ANY WORK EXPERIENCE HERE

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referee Name: Contact Number:
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Previous Employer	Position/ Job Title	Employed From		To	
		MONTH	YEAR	MONTH	YEAR
Current Employer	Position/ Job Title				

Reason for leaving your last job:

BRIEFLY MOTIVATE WHY YOU APPLY FOR THIS LEARNERSHIP

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PLEASE NOTE: ATTACH CERTIFIED COPY OF YOUR HIGHEST SCHOOL CERTIFICATE, IDENTIFICATION DOCUMENT (ID) AND CV TO THIS FORM

Declaration by Applicant:

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

Signature of Applicant:

Date:

Applications must be posted to:

Leanship Phase 12

Department of Transport & Public Works

Private Bag 9078

CAPE TOWN 8000