Western Cape Government
Transport and Public Works

OVERBERG REGION

APPLICATION FOR LEARNERSHIP 2020/21
Phase 12
Closing Date: 18 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)	**MASONRY (BRICKLAYING)** ☐ **ROADWORK CONSTRUCTION L3** ☐ **WELDING L3** ☐

PERSONAL DETAILS

Surname		**First Name/s**	
Address:			
Date of Birth		**ID Number**	
Nationality		If not SA, specify	
Race **(Please indicate one)**	☐ Black ☐ White ☐ Coloured ☐ Indian	**Gender**	☐ Male ☐ Female
Disability	☐ Yes - If Yes, please specify: ☐ 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.			
6.			
Post-Matric Qualification		**Institution**	

INDICATE ANY WORK EXPERIENCE HERE					
Are you currently employed? ☐ Yes ☐ No		Referee Name: Contact Number:			
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.

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Signature of Applicant:

_____

Date:

Applications must be posted to:

Learnership Phase 12

Department of Transport & Public Works

Private Bag 9078

CAPE TOWN 8000