



**Western Cape  
Government**

Transport and Public Works

**WEST COAST REGION  
APPLICATION FOR LEARNERSHIP 2018/9  
Phase 11**

**Closing date: 10 September 2018**

*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

<b>Trade name and reference number</b> (see advertisement) (only indicate one trade)	<b>Electrical Wiring</b> <input type="checkbox"/>
	<b>Plumbing</b> <input type="checkbox"/>

**PERSONAL DETAILS**

<b>Surname</b>		<b>First Name/s</b>	
<b>Address:</b>			
<b>Date of Birth</b>		<b>ID Number</b>	
<b>Nationality</b>		If not SA, specify	
<b>Race</b> (Please indicate one)	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Indian	<b>Gender</b>	<input type="checkbox"/> Male  <input type="checkbox"/> Female
<b>Disability</b>	<input type="checkbox"/> Yes - If Yes, please specify: <input type="checkbox"/> No		
<b>Home Language</b>		<b>2<sup>nd</sup> Language</b>	
<b>Contact Numbers</b>	<b>Home:</b>	<b>Work:</b>	<b>Cell:</b>
<b>E-mail address</b>		Phone2:	Phone3:
<b>Next-of-kin Name</b>		<b>Contact Number:</b>	

**QUALIFICATIONS**

<b>Highest Standard/ Grade passed</b>		<b>Name of School</b>	
<b>Subjects</b>		<b>Symbol/Percentage/Level of Achievement</b>	
1.			
2.			
3.			
4.			
5.			
6.			
<b>Post-Matric Qualification</b>		<b>Institution</b>	

**INDICATE ANY WORK EXPERIENCE HERE**

Are you currently employed?  <input type="checkbox"/> Yes  <input type="checkbox"/> 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 11

Department of Transport & Public Works

Private Bag 9078

CAPE TOWN 8000