

**CONTRACTOR DEVELOPMENT TRAINING PROGRAMME: INFORMATION FORM**  
**PLEASE ANSWER ALL QUESTIONS IN FULL**

PERSONAL DETAILS:		✓ Please tick where applicable	
<b>Current Area of Residence</b>	<input type="checkbox"/> Cape Metro <input type="checkbox"/> Eden <input type="checkbox"/> Winelands <input type="checkbox"/> Overberg <input type="checkbox"/> Central Karoo <input type="checkbox"/> West Coast	<b>TOWN:</b>	<b>Please select CDP training programme you would like to attend</b>
<b>Surname</b>	_____	<b>First Name/s</b>	Construction Information Session
<b>Date of Birth</b>	_____	<b>ID Number</b>	5 Week Training Programme
<b>Race</b>	<input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/> Indian	<b>Gender</b>	10 Week Training Programme
<b>Disability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify _____	Advanced Training Programme
<b>Address</b>	_____		
<b>Contact Number/s</b>	Home: _____	Office: _____	Cell 1: _____
<b>E-mail address 1</b>	_____		Cell 2: _____
<b>E-mail address 2</b>	_____		Cell 2 Contact name: _____
YOUR COMPANY INFORMATION:			
Company Name: _____		Company address: _____	
Company Contact no: _____		Company Registration no: _____	
Are you CIDB registered	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Reg no: .....	Is your company BBBEE Registered <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Are you registered on the Western Cape Supplier Database	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Reg no: .....	Is your company registered on any other body <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Are you registered on the Central Database	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Reg no: .....	Name of other registering body: _____
<b>Please provide your CIDB grading:</b> _____	<b>(e.g. GB1 / CE2)</b>	<b>What does your company specialize in</b> _____	
EDUCATION AND TRAINING BACKGROUND:			
Have you ever participated in any training or mentoring programme offered by the Department of Transport and Public Works: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list the training: _____			
Have you ever participated in any training or mentoring programme offered by any Government Department or Private Sector Company or Organization: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes please list the training: _____			
<b>Highest Qualification:</b>	_____	<b>Name of School/ Institution</b>	_____
Have you ever completed a construction project or tendered for a project. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details of tender or project: _____		

**Declaration by Applicant:**

I hereby confirm that all the information provided is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my contract terminated.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_