

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

PERSONAL DETAILS:			
Current Area of Residence		<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	
Surname		TOWN:	
Date of Birth		First Name/s	
Race		ID Number	
<input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/> Indian		Gender	
Disability		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please specify	
Address			
Contact Number/s	Home:	Cell:	2nd Cell:
E-mail address			2 Cell Contact name:
YOUR COMPANY INFORMATION:			
Company Name:		Company address:	
Company Contact no: _____		Cell no: _____	
Alt Contact no: _____			
Are you CIDB registered		<input type="checkbox"/> Yes/ <input type="checkbox"/> No Reg no:.....	
Are you registered on the Western Cape Supplier/Central Database		<input type="checkbox"/> Yes/ <input type="checkbox"/> No Reg no:.....	
Are you BBEE registered		<input type="checkbox"/> Yes/ <input type="checkbox"/> No Reg no:	
Any other type of registration: _____ (e.g. NHBRC)		Reg no:	
Please provide your CIDB grading: _____ (e.g. GB1 / CE2)			
What does your company specialize in :			
EDUCATION AND TRAINING BACKGROUND:			
Have you ever participated in any training programme offered by the Department of Transport and Public Works or any training related to construction: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list the training:			
Highest Qualification/Grade passed		Name of School/ Institution	

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: _____