

**EPWP: 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>                                       |                         |   | 1 Day Construction Information Session - EXPO                        |  |  |
| <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 <input type="checkbox"/> Khoisan  |   | <b>Gender</b>           | <input type="checkbox"/> Male <input type="checkbox"/> Female |  | 8 Week Training Programme  |  |
| <b>Disability</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | If Yes, please specify  |   | Advanced Training and Mentoring                                      |  |  |
| <b>Address</b>   |   |   |                         |   | <b>Postal Code</b>   | 5 Day Health and Safety  |  |
| <b>Contact Number/s</b>  | Home:   | Office:   | Cell 1:                 | Cell 2:   |  |  |  |
| <b>E-mail address 1</b>  |   |   | <b>E-mail address 2</b> |   |  |  |  |
| <b>Name of family member or friend:</b>  |   |   |                         | <b>Contact number of family member or friend:</b>             |  |  |  |
| <b>Email address of family member or friend:</b>   |   |   |                         |   |  |  |  |
| <b>How did you hear about this programme?</b>  |   |   |                         |   |  |  |  |
| YOUR COMPANY INFORMATION:  |   |   |                         |   |  |  |  |
| <b>Company Name:</b> _____   |   |   |                         | <b>Company address:</b> _____                                 |  |  |  |
| 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: _____ Reg no: .....  |  |
| <b>Please provide your CIDB grading:</b> _____ (e.g. GB1 / CE2)  |   |   |                         | <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:** \_\_\_\_\_