

SURNAME¹												Title							
FULL NAMES																			
College/Faculty																			
Academic Department										Position Reference									
Modules (Max of 3)		1		2		3													
Race				B <input type="checkbox"/>		C <input type="checkbox"/>		I <input type="checkbox"/>		W <input type="checkbox"/>		Female <input type="checkbox"/>		Male <input type="checkbox"/>		Disability Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Registered disability				Total <input type="checkbox"/>		Partial <input type="checkbox"/>		Mental <input type="checkbox"/>		Physical <input type="checkbox"/>		Hearing <input type="checkbox"/>		Sight <input type="checkbox"/>					
Identification number										Date of birth									
Income tax number																			
Country of birth										Nationality									
Are you a South African citizen by birth?				Yes <input type="checkbox"/>		No <input type="checkbox"/>		If no indicate the date citizenship was acquired											
Foreign Nationals																			
Passport no				Country of issue				Expiry date											
Work permit no				Type of permit				Expiry date											
Permanent residence status				Yes <input type="checkbox"/>		No <input type="checkbox"/>		Date granted											
Residential address										Postal address									
Postal code								Postal code											
Telephone numbers				Home				Work											
				Cell				E-mail (Compulsory)											
Emergency Contact Details				Relationship		Next of kin		Child		Spouse		Friend							
Initials & surname										Tel no									
Current Studies				Qualification				Institution											
Qualifications²																			
Year completed		Qualification								Institution									
Signature																			

For office use:

Claim System number/Oracle number										
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Task Number										
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¹ To be completed by incumbent

² From highest to lowest