

OVERBERG REGION APPLICATION FOR LEARNERSHIP 2018/9 Phase 11

Closing Date: 14 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?			٢	′es	No			
Are you between the ages of 18 and 34 years?			٢	′es	No			
Have you passed Grade 10-12 or a TVET equivalent?			٢	′es	No			
Have you attached o	our ID and qualification	וs? ץ	′es	No				
Did you attach your CV?			Yes		No			
Trade name and reference number (see advertisement) (only indicate one trade)			Masonry(Bricklaying) Plumbing					
PERSONAL DETAILS								
Surname			First Name	e/s				
Addre	9 55 :							
Date of Birth			ID Number					
Nationality			If not SA, specify					
Race (Please indicate one)	Black White Coloured Indian		Gender		Male Female			
Disability	Yes - If Yes, ple No	1	L					
Home Language			2 nd Language					
Contact Numbers	Home:		Work:		Cell:			
E-mail address			Phone2:		Phone3:			
Next-of-kin Name QUALIFIC			Contact Number:					
Highaat Standard/	Grada passad	QUALIFIC	Name of Scho					
Highest Standard/ Grade passed		Symbol/Percentage/Level of Achievement						
Subjects 1.			Symbo	I/Percentay	e/Level of Acmevement			
2.								
3.								
4.								
5.								
6.								
Post-Matric Qualification			Institution					

INDICATE ANY WORK EXPERIENCE HERE									
Are you currently employed?		Referee Name:							
Yes No		Contact Number:							
Previous Employer	Position/ Job Title	Етроус Молтн	ed From	То					
		MONTH	YEAR	MONTH	YEAR				
Current Employer	Position/ Job Title								
Reason for leaving your last job:									
BRIEFLY MOTIVATE WHY YOU APPLY FOR THIS LEARNERSHIP									

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.

Signature of Applicant:

Applications must be posted to:

Learnership Phase 11

Department of Transport & Public Works

Private Bag 9078

CAPE TOWN 8000

Date: