

**APPLICATION FORM: PROJECTS**

<b>POSITION FOR WHICH YOU ARE APPLYING (SPECIFY)</b>											
PERSONAL INFORMATION											
Surname and Full names											
Date of Birth (YYY/MM/DD)	Identity Number										
Age											
Race	<i>African</i>	<i>White</i>	<i>Coloured</i>	<i>Indian</i>	<i>Other (specify)</i>						
Gender			Female				Male				
Do you have a disability?			Yes				No				
If yes, specify:											
Are you a South African citizen? <i>If no, what is your nationality?</i>			Yes				No				
Do you have a valid work permit? (only if non-South African)			Yes				No				
Have you been convicted or found guilty of a criminal offence (including an admission of guilt)? <i>If yes (provide the details)</i>			Yes				No				
Do you have any pending criminal case against you? If yes, (provide the details)			Yes				No				
			<b>Specify:</b>								
CONTACT DETAILS											
<b>Residential address</b>		<b>Street number and name:</b>									
		<b>Town (City):</b>									
		<b>Municipality:</b>									
		<b>Postal code:</b>									
<b>Postal address</b>		<b>Private Bag/PO Box</b>									
		<b>Town (City):</b>									
		<b>Municipality:</b>									
		<b>Postal code:</b>									
<b>Telephone number</b>											
<b>Cellphone number</b>											
<b>E-mail address</b>											
<b>Alternative contact no.</b>											

EDUCATIONAL QUALIFICATION (from highest to the lowest)		
Name of School/Institution	Name of qualification obtained	Year obtained
1.		
2.		
3.		
4.		

*Your future starts here!*

**CARLETONVILLE CAMPUS**  
20 South Street  
CARLETONVILLE  
Tel 018 787 4012

**KRUGERSDORP CAMPUS**  
32 Von Brandis street  
KRUGERSDORP  
Tel 011 953 1140

**KRUGERSDORP WEST CAMPUS**  
69 Flemming Street  
KRUGERSDORP WEST  
Tel 011 660 1709

**RANDFONTEIN CAMPUS**  
5 Kiewiet Street  
RANDFONTEIN  
Tel 011 693 3608

**WESTONARIA CAMPUS**  
109 Botha Street  
WESTONARIA  
Tel 011 754 1089

WORK EXPERIENCE					
Employer (including current employer)	Post held	From		To	
		MM	YY	MM	YY
1.					
2.					
3.					
4.					

CHECKLIST		
The following certified documents must be attached to this application, or the application will be disqualified		
Document	Tick (✓)	
1. Certified copies of:	1.1 Identity Document	
	1.2 Matric/Grade 12	
	1.3 Other qualifications (specify): _____	
	1.4 Other qualifications (specify): _____	
2. Fully completed application form		
3. A comprehensive Curriculum Vitae (CV)		
4. A covering letter (motivation letter – where necessary)		
5. Proof of residence (and an affidavit if proof of residence is not on the applicant's name – where necessary)		
6. Affidavit (where necessary)		
7. Other (Specify):		

Have you ever participated in an internship/work integrated learning programme before?		
Yes	No	If yes, specify:

DECLARATION
I declare that I am aware of the rules for this application and that I understand them. I declare that the information supplied in this application is true and correct. I understand that any false information will automatically disqualify me.
Name and Surname: _____
Signature: _____
Date: _____

