

**CANDIDACY APPLICATION FORM**

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| --- | --- | --- | --- | --- | --- |
| **PLEASE SELECT THE PROVINCE WHERE YOU RESIDE** | | | | | |
| Gauteng |  | North west |  | Limpopo |  |
| western cape |  | Northern cape |  | eastern cape |  |
| kwazulu natal |  | Free state |  | mpumalanga |  |

**Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **TITLE (Mr. Mrs. Ms.)** |  | | | | | | **INITIALS** | | | |  | | | | **SURNAME** | | | | | |  | | | | | | | |
| **FIRST NAMES IN FULL *(as per ID)*** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RSA (Identity Document number)** |  |  |  | | |  | |  |  |  | |  |  |  | |  | |  |  | | **DATE OF BIRTH (YYYY/MM/DD)** | | | |  | | | |
| **RACE** |   aFRICAN | | | |   coloured | | | | | |   Indian | | | | | |   WHITE | | | | **GENDER** | | | |   FemalE | |   Male | |
| **DO YOU HAVE A DISABILITY** | **yes** | | | | **No** | | | | | | **IF YES SPECIFY DISABILITY AND ATTACH PROOF** | | | | | |  | | | | | | | | | | | |
| **POSTAL ADDRESS** |  | | | | | | | | | | | | | | | | **PHYSICAL ADDRESS** | | | | | |  | | | | | |
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|  | | | | | | | | | | | | | | | |  | | | | | |
| **CODE:** | | | | | | | | | | | | | | | | **CODE:** | | | | | |
| **MUNICIPALITY** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HOME TEL. NO.** |  | | | | | | | | | | | | | | | | **CELL PHONE NO.** | | | | | | |  | | | | |
| **E-MAIL ADDRESS** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ALTERNATIVE CONTACT PERSON** |  | | | | | | | | | | | | | | | | **CELL PHONE NO.** | | | | | | |  | | | | |
| **E-MAIL ADDRESS** | | | | | | |  | | | | |
| **WERE YOU EMPLOYED BEFORE ENROLLING ON THE CANDIDACY PROGRAMME?** | | | | | | | | | | | | | | | | | **Yes** | | | | | | | |  | **No** | |  |
| **NAME OF EMPLOYER** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **YEAR ENROLLED** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **YEARS ALREADY COMPLETED ON THE INTERNSHIP/CANDIDACY PROGRAMME** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **REGISTRATION CATEGORY APPLYING FOR (PS TICK)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**EDUCATIONAL QUALIFICATIONS**

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| **NAME OF UNIVERSITY/UNIVERSITY OF TECHNOLOGY ATTENDED** |  | | |
| **PERIOD: FROM** |  | **TO** |  |
| **QUALIFICATION OBTAINED** |  | | |
| **YEAR QUALIFIED** |  | | |

**PROJECT FUNDING DETAILS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IS THIS A CETA FUNDED PROJECT?** | | | | | | | **YES** |  | | | **NO** |  | |
| **IF YES, YEAR OF ALLOCATION** | **2012/13** |  | **2014/15** |  | **2015/16** |  | **2016/17** | |  | **2017/18** | | |  |

**RULES FOR COMPLETING THE FORM**

* Application forms that are incomplete will be disqualified
* Invalid or incorrect contact details automatically disqualify the applicant
* Applicants must be South African Citizens

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| --- | --- |
| The following certified documents **MUST** be attached to this application or the applicant will be disqualified | |
| ID size or passport photo printed on photo paper (to be appended to right hand corner of application form) |  |
| Original certified copy of Green RSA Identity Document |  |
| Original certified copy of Degree/National Diploma/BTech/etc |  |
| Proof of SACLAP registration |  |
| Candidate CV attached |  |
| Original proof of residence or certified copy |  |
| Proof of banking details (Bank statement or stamped letter from the bank only) |  |
| Proof of residential address (original municipal account, bank statement, account statement or original letter from Tribal Authority or Councillor) |  |
| Affidavit in support of proof of address (if address is not in the name of the learner) |  |
| Candidates with a disability to submit an original medical certificate on a CETA template completed, signed and stamped by a medical practitioner registered with the HPCSA or a certified copy of an existing medical report (must have been certified within 3-months of submission to the CETA). |  |
| Duly completed and signed notification to host a prospective candidate, technician or technologist on a candidacy programme duly signed and initialled by the candidate and employer |  |

**DECLARATION**

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| I declare that I am aware of the rules of 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 from being part of the CETA funded learning programme.    Print name and Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR OFFICE USE**

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| CHECKED BY CETA LPQD | | | | | | | | | | | | | | |
| DOES THE CANDIDATE QUALIFY TO ENROL ON THE CANDIDACY PROGRAMME? | | | | | YES | | |  | | | **NO** | |  | |
| COMMENTS | |  | | | | | | | | | | | | |
| APPLICANT NOTIFIED OF DECISION | | | | | | | YES | | |  | | NO | |  |
| NAME |  | | SIGNATURE |  | | DATE | | |  | | | | | |