

APPRENTICESHIP APPLICATION FORM PERSONAL INFORMATION

TITLE (Mr. Mrs. Ms.)		INITIALS		SURNAME			
FIRST NAMES IN FULL <i>(as per ID)</i>							
RSA (Identify Document number)					DATE OF BIRTH (YYYY/MM/DD)		
RACE	<input type="checkbox"/> AFRICAN	<input type="checkbox"/> COLOURED	<input type="checkbox"/> INDIAN	<input type="checkbox"/> WHITE	GENDER	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
DO YOU HAVE A DISABILITY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES SPECIFY DISABILITY AND ATTACH CERTIFICATE				
POSTAL ADDRESS				PHYSICAL ADDRESS			
	CODE:				CODE:		
MUNICIPALITY							
HOME TEL. NO.				CELL PHONE NO.			
E-MAIL ADDRESS							
ALTERNATIVE CONTACT PERSON				CELL PHONE NO.			
				E-MAIL ADDRESS			
NAME OF PROSPECTIVE EMPLOYER							
ARE YOU CURRENTLY EMPLOYED?				YES		NO	
TRADE APPLIED FOR:							

EDUCATIONAL QUALIFICATIONS

HIGHEST QUALIFICATIONS OBTAINED (Select & complete below)

NATED QUALIFICATION	Qualification Name	Level	
NATIONAL CERTIFICATE (VOCATIONAL)	Qualification Name	Level	
OTHER (Diploma/degree)	Qualification Name	Level	
NAME OF LAST HIGH SCHOOL ATTENDED			
TOWN/SUBURG/VILLAGE			MUNICIPALITY
PERIOD	FROM	TO	
HIGHEST GRADE PASSED	MATRIC / GRADE 12		
	SUBJECTS PASSED	LEVEL	
	MATHEMATICS		
	PHYSICAL SCIENCE		

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

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)	<input type="checkbox"/>
Original certified copy of RSA Identity Document	<input type="checkbox"/>
Original certified copy of Matric Certificate	<input type="checkbox"/>
Original certified copy of highest application	<input type="checkbox"/>
Apprentice CV	<input type="checkbox"/>
Proof of banking details (Original bank statement or stamped letter from the bank only)	<input type="checkbox"/>
Proof of residential address (original municipal account, bank statement, account statement or original letter from Tribal Authority or Councilor)	<input type="checkbox"/>
Affidavit in support of proof of address (if address is not in the name of the apprentice)	<input type="checkbox"/>
Attach an original medical certificate on a FOREK template completed, signed and stamped by a medical practitioner registered with the HPCSA or a certified medical certificate (certification must not be older than 3 months)	<input type="checkbox"/>
Duly completed and signed notification to host a prospective apprentice on an apprenticeship duly signed and initialed by the prospective apprentice and prospective employer/workplace	<input type="checkbox"/>

DECLARATION

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 FOREK funded learning programmed.

Print name and Surname: _____

Signature: _____

Date: _____

FOR OFFICE USE

CHECKED BY:				
DOES THE LEARNER QUALIFY TO ENROL ON THE APPRENTICESHIP?			YES	NO
COMMENTS				
IF NO, REASONS	Learner does not meet qualification entry requirements	Learner qualifies for a S28 trade test	Learner over-qualified	Not a South African citizen
APPLICANT NOTIFIED OF DECISION			YES	NO
NAME	SIGNATURE	DATE		