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|  | DEPARTMENT OF CORRECTIONAL SERVICES  Learnership Application Form |

**IMPORTANT INFORMATION**

* **Please complete this form in black ink.**
* **Sections A to F should be completed in full by an applicant. Incomplete forms shall not be accepted.**
* **Please attach certified copies of your ID Document, proof of qualifications and residential address. Applications that do not comply to the requirements contained in this form shall not be considered.**

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| 1. **POST PARTICULARS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The name of the learnership you are applying for (as advertised):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Region (Province) in which the learnership workplace training shall take place:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reference number:** | | | | | | | | **Management Area (Correctional Centre) where you are applying for learnership:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **DETAILS OF THE APPLICANT:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title:** | | |  | | | | | | | | | | | | | | | | **Initials:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Surname:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name(s):** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth:** | | |  | | | | | | | | | | | | | | | | | | | | | | | **Are you a SA Citizen:** | | | | | | | | | | | | | | | | | **Yes** | | |  | | | **No** | | |  |
| **ID Number:** | | |  | | |  | | |  | |  |  | | |  | | |  | |  | |  | | |  | | |  |  | | | | |  | | | | **Age:** | | | | | | | |  | | | | | | |
| **Please mark the relevant block** | | | | | | | | | | | | | | | | | | | | | | | | **Gender:** | | | | | | **MALE** | | | | | | | | | | | | | | | | **FEMALE** | | | | | | |
| **Race:** | | | **AFRICAN** | | | | | | | | | | | | | **WHITE** | | | | | | | | | | | | | | **COLOURED** | | | | | | | | | | | | | | | | **INDIAN** | | | | | | |
| **Do you have a previous criminal offence or pending criminal case(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | **No** | |
| **If yes, specify:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Residential Address:** | | | | | | | | | | | | | | | | | | | | | | | **Postal Address: (If different from Residential address)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Province:** | | | | | | |  | | | | | | | | | | | | | | | | **Contact Number:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **E-mail Address (If applicable):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **LANGUAGE PROFICIENCY – State ‘good’, ‘fair’ or ‘poor’** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Languages** | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **Speak** | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **Read** | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **Write** | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **Name of high school attended and province** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **What is your highest standard passed? (attach proof)** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have an additional completed qualification?** | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | |  | | | | | | | | | | **No** | | | | | |  | | | | |
| **If yes, specify: (attach proof)** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you currently studying?** | | | | | | | | | | | | | **Yes** | | | | | | |  | | | | | | | **No** | | | | | | | |  | | | | | | | | | | **If yes, specify below:** | | | | | | | |
| **Qualification:** | | | |  | | | | | | | | | | | | | | | | | | | **Institution:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 1. **DISABILITY INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have a disability as contemplated by the Employment Equity Act 55 of 1998?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | |  | | | | | **No** | | | | | |  | | |
| **Specify other conditions; if any** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Do you require the assistance of another person (Aid) while attending the theoretical and practical training fo the learnership?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | |  | | | | | **No** | | | | | |  | | |
| **Tick the nature of the disability below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Deaf** |  | **Blind** | | | | |  | | | **Hard to hear** | | | | | | |  | | | | **Visually impaired** | | | | | | | | | | | |  | | | | | | **Loss of Speech** | | | | | | | | | | |  | | |
| **Learning disability** | | | | | | |  | | | **Paralysis/Quadriplegic/wheelchair bound** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Other (Specify below)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **REFERENCES:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | | **Relationship to you** | | | | | | | | | | | | | | | | | | | | | | | **Contact Number** | | | | | | | | | | | | | | | |
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| 1. **DECLARATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application for the learnership being disqualified.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |