



APPRENTICESHIP APPLICATION FORM

PLEASE SELECT THE PROVINCE WHERE YOU RESIDE

- | | | |
|--|--|---------------------------------------|
| GAUTENG <input type="checkbox"/> | NORTH WEST <input type="checkbox"/> | LIMPOPO <input type="checkbox"/> |
| WESTERN CAPE <input type="checkbox"/> | NORTHERN CAPE <input type="checkbox"/> | EASTERN CAPE <input type="checkbox"/> |
| KWAZULU NATAL <input type="checkbox"/> | FREE STATE <input type="checkbox"/> | MPUMALANGA <input type="checkbox"/> |

PERSONAL INFORMATION

| | | | | | |
|--|----------------------------------|-----------------------------------|--|--------------------------------|---|
| TITLE (Mr. Mrs. Ms.) | | INITIALS | | SURNAME | |
| FIRST NAMES IN FULL <i>(as per ID)</i> | | | | | |
| RSA (Identity Document number) | | | | | DATE OF BIRTH <small>(YYYY/MM/DD)</small> |
| 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 APPLYING FOR (PS TICK) | | | | | |
| TRADE | TRADE | | TRADE | | |
| BRICKLAYER | JOINER | | PAINTER | | |
| BRICKLAYER AND PLASTERER | JOINER AND WOODMACHINIST | | ELECTRICIAN (CONSTRUCTION) | | |
| CARPENTER | PLASTERER | | PLUMBER | | |
| CARPENTER AND JOINER | WALL AND FLOOR TILER | | PAINTER AND DECORATOR | | |
| GLAZIER | | | | | |

EDUCATIONAL QUALIFICATIONS

| | | | | | | | | | | | | | | |
|--|-------------|-----------|--|-----------|--|-----------|---------------------|-----------|--|-------------|--|-----------|-------------|--|
| TVET COLLEGE ATTENDED | | | | | | | | | | | | | | |
| PERIOD ATTENDED | FROM | | | | | | | TO | | | | | | |
| MODULES PASSED | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| QUALIFICATION/S COMPLETED (PLEASE TICK) | | | | | | | | | | | | | | |
| NATED PROGRAMMES | | N1 | | N2 | | N3 | | N4 | | N5 | | N6 | | |
| NATIONAL CERTIFICATE (VOCATIONAL) | | | | | | | NCV2 | | | NCV3 | | | NCV4 | |
| NAME OF LAST SCHOOL ATTENDED | | | | | | | | | | | | | | |
| TOWN/SUBURB/VILLAGE | | | | | | | MUNICIPALITY | | | | | | | |
| PERIOD | FROM | | | | | | | TO | | | | | | |
| HIGHEST GRADE PASSED | | | | | | | | | | | | | | |
| SUBJECTS PASSED | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

RULES FOR COMPLETING THE FORM

- 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 Green RSA Identity Document | <input type="checkbox"/> |
| Original certified copy of highest qualification (Matric certificate or TVET College statement of results) | <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 Councillor) | <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 CETA 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 initialled by the prospective apprentice and prospective employer | <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 CETA funded learning programme.

Print name and Surname : _____

Signature : _____

Date : _____

FOR OFFICE USE

| CHECKED BY CETA LPQD | | | | | |
|--|--|------------------------------------|------------------------|-----------------------------|----|
| DOES THE LEARNER QUALIFY TO ENROL ON THE APPRENTICESHIP? | | | | YES | NO |
| COMMENTS | | | | | |
| IF NO, REASONS | Learner does not meet entry requirements | Learner qualifies for a Trade Test | Learner over-qualified | Non - South African citizen | |
| APPLICANT NOTIFIED OF DECISION | | | | YES | NO |
| NAME | | SIGNATURE | | DATE | |

CONSTRUCTION EDUCATION AND TRAINING AUTHORITY



MEDICAL CERTIFICATE

I hereby declare that (full name)

I D No

Sex who declares that he/she is years of age

at present, has been examined by me with the following result:

- 1. Are the lungs sound?
- 2. Are the sounds, impulse and rhythm of the heart normal?
- 3. Is there any hernia?
- 4. Is there any defect -
in figure?
in sight (including colour blindness)?
in speech?
- 5. (a) Are the teeth sound?
(b) If not, do they require immediate treatment?
- 6. Are there any tonsil or adenoid defects?
- 7. Is there any sign of appendicitis?
- 8. Are there signs of any illness or disease?
- 9. Is there any sign of epilepsy?
- 10. Is the applicant apparently free from any contagious disease?
- 11. Does the applicant suffer from any disability which is likely to handicap him in the course of training?
- 12. Do you consider the applicant to be normal mentally?

Date

Address

.....

.....
Signature and Rubber Stamp
of Medical Practitioner