



APPLICATION FORM FOR LEARNING PATHWAYS

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 <i>(YYYY/MM/DD)</i> | |
| 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 | |
| 18.1 (EMPLOYED) | | | | 18.2 (UNEMPLOYED) | |

EDUCATIONAL QUALIFICATIONS

| | | | |
|---|--|----|--|
| LAST SCHOOL ATTENDED | | | |
| FROM | | TO | |
| HIGHEST QUALIFICATION OBTAINED / GRADE PASSED | | | |

LEARNING PATHWAYSSHORT SKILLS PROGRAMMES LEARNERSHIP INTERNSHIP TVET PLACEMENT **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

The following certified documents **MUST** be attached to this application or applicant will be disqualified

| | |
|--|--------------------------|
| Learner CV | <input type="checkbox"/> |
| Proof of residence | <input type="checkbox"/> |
| One copy of ID / passport photo | <input type="checkbox"/> |
| Certified Copy of Identity Document | <input type="checkbox"/> |
| Certified copy of Highest qualification | <input type="checkbox"/> |
| Learners with a disability and those applying for apprenticeships: attach a medical certificate. <u>Do not</u> send original documents, attach certified copies. | <input type="checkbox"/> |
| Proof of banking details | <input type="checkbox"/> |
| Copy of Apprenticeship Contract / Learnership Agreement | <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/non-funded learning programmes.

Print name and Surname : _____

Signature : _____

Date : _____