

EPWP WERKLOSE DATABASIS VORM
EPWP UNEMPLOYED DATABASE FORM

Rig alle korrespondensie aan Die Munisipale Bestuurder

Address all correspondence to The Municipal Manager

Posbus / Po Box 51

Bredasdorp

7280

Tel: 028 425 5500 * Fax: 028 425 1019 * E-pos / Email: recruitment@capeagulhas.gov.za

BELANGRIK / IMPORTANT

Geliewe hierdie vorm te voltooi en terug te stuur na Munisipale Kantoor.

Please complete this form and return to Municipal office.

VOLLE NAAM EN VAN

FULL NAME AND SURNAME: _____

FISIESE ADRES

PHYSICAL ADDRESS: _____

WYK NOMMER

WARD NUMBER: _____

TELEFOONNOMMER

TELEPHONE NUMBER: (H) _____ (C) _____

IDENTITEITSNOMMER

IDENTITY NUMBER: _____

GESLAG

GENDER: _____

RAS

RACE: _____

GESONDHEIDSTOESTAND

CONDITION OF HEALTH: _____

Het u enige liggaamlike gebreke? Do you have any physical disorders?

Indien wel, versterk besonderhede

If so, furnish particulars _____

Is U huidiglik op die Munisipale Masakhane kortinglys?

Are you currently on the Municipal Masakhane Indigent list? _____

Is u al ooit skuldig bevind aan 'n kriminele oortreding?

Have you ever been convicted of a criminal offence? _____ Is u al ooit

uit enige betrekking ontslaan?

Have you ever been dismissed from any position? _____

Naam en verwantskap van familieledede in hierdie raad se diens:

Names of relatives in the services of this council: _____

Besit u 'n skoon/geldige bestuurslisensie?

Ja

Nee

Have you a clean/legal driving licence? Yes No

Tipe Lisensie

Heg gesertifiseerde afskrif aan

Type Licence _____ Attached certified copy

Huishoudelike Besonderhede / Household particulars:

Aantal mense in huishouding

Number of person's in household: _____

Aantal afhanklikes

Number of dependants: _____

Aantal kinders wat skool gaan

Number of children attending school: _____

Ontvang U enige toelaag bv kindertoelaag?

Do you receive any social Grants i.e disability, child support etc? _____

Kwalifikasies / qualifications

SKOOLOPLEIDING / SCHOOL EDUCATION

GRAAD / GRADE	DATUM / DATE	INRIGTING / INSTITUTION

TERSIËRE OPLEIDING / TERTIARY EDUCATION

GRAAD/ DIPLOMA	DATUM /DATE	INRIGTING / INSTITUTION

VAARDIGHEIDHEDE / SKILLS / WERKS AGTERGROND / WORK EXPERIENCES

TPE VAARDIGHEID / TYPE OF SKILLS	TYDPERK WAT VAARDIGHEID BEOEFEN WORD PERIOD THAT SKILLS IS PRACTICED

TRAINING NEEDS/ OPLEIDINGSBEHOEFTE:

Wat is u behoeftes om u persoonlike ontwikkeling te bevorder? / What are the training needs for your personal development?	
Watter soort opleiding het u voorheen bygewoon? / What kind of training have you previously attended?	

Hierby word verklaar dat die inligting wat hierbo verskaf is, in alle opsigte juis en waar is. I hereby declare that all information furnished above is correct and true in all respects.

HANDTEKENING / SIGNATURE _____ **DATUM / DATE** _____

POPIA DISCLAIMER

The Information Officer (Municipal Manager) undertakes that all personal and confidential information will be processed lawfully and in a reasonable manner that does not infringe the privacy of you or your organisation as the data subject. The processing is necessary and complies with an obligation imposed by law on us, the responsible party and the processing protects your rights to effective service delivery.

For more details, you can refer to the Cape Agulhas Municipality, Privacy Policy available at <https://capeagulhas.gov.za/privacy-policy>

The Protection of Personal Information Act (POPIA), Act No. 4 of 2013