

# TRADE TESTING APPLICATION FORM

### PLEASE SELECT THE PROVINCE WHERE YOU RESIDE

|                                 | PLEASE SELECT THE PROVINCE WHERE TOO RESIDE |          |                              |             |                                  |           |      |  |  |  |  |  |
|---------------------------------|---|----------|------------------------------|-------------|----------------------------------|-----------|------|--|--|--|--|--|
| GAUTENG                         |   | NO       | RTH WEST                     |             |                                  | LIMPOPO   |      |  |  |  |  |  |
| WESTERN CAPE                    |   | NORTH    | ERN CAPE                     |             | EAST                             | FERN CAPE |      |  |  |  |  |  |
| KWAZULU NATAL                   |   | FR       | EE STATE                     |             | MPUMALANGA                       |           |      |  |  |  |  |  |
|                                 |   |          |                              | —           |                                  |           | -    |  |  |  |  |  |
|                                 |   | PERS     | SONAL INFO                   | RMATION     |                                  |           |      |  |  |  |  |  |
| TITLE (Mr. Mrs. Ms.)            |   | INITIALS |                              | SURNAME     |                                  |           |      |  |  |  |  |  |
| FIRST NAMES IN FULL (as per ID) |   |          |                              |             |                                  |           |      |  |  |  |  |  |
| RSA (Identity Document number)  |   |          |                              |             | DATE OF<br>BIRTH<br>(YYYY/MM/DD) |           |      |  |  |  |  |  |
| RACE                            |   |          |                              |             | GENDER                           |           |      |  |  |  |  |  |
|                                 | AFRICAN                                     | COLOURED | INDIAN                       | WHITE       |                                  | FEMALE    | MALE |  |  |  |  |  |
| DO YOU HAVE A DISABILITY        | <b>U</b> YES                                |          | IF YES SPECIFY<br>DISABILITY |             |                                  |           |      |  |  |  |  |  |
|                                 |   |          | AND ATTACH                   |             |                                  |           |      |  |  |  |  |  |
| POSTAL ADDRESS                  |   |          | CENTROATE                    | PHYSICAL AD | DRESS                            |           |      |  |  |  |  |  |
| -                               |   |          |                              | -           |                                  |           |      |  |  |  |  |  |
| -                               |   |          |                              |             |                                  |           |      |  |  |  |  |  |
|                                 | CODE:                                       |          |                              |             | co                               | DDE:      |      |  |  |  |  |  |
| MUNICIPALITY                    |   |          |                              |             |                                  |           |      |  |  |  |  |  |
| HOME TEL. NO.                   |   |          |                              | CELL PHONE  | NO.                              |           |      |  |  |  |  |  |
| E-MAIL ADDRESS                  |   |          |                              |             |                                  |           |      |  |  |  |  |  |
| ALTERNATIVE CONTACT<br>PERSON   |   |          |                              | CELL PHONE  | NO.                              |           |      |  |  |  |  |  |
| FLNJUN                          |   |          |                              | E-MAIL ADD  | RESS                             |           |      |  |  |  |  |  |

| NAME OF EMPLOYER            |                              |    |           |                |    |  |
|-----------------------------|------------------------------|----|-----------|----------------|----|--|
| ARE YOU CURRENTLY EMPLOYED? |                              |    | YES       |                | NO |  |
|                             | TRADE APPLYING FOR (PS TICK) |    |           |                |    |  |
| TRADE                       | TRADE                        | т  | RADE      |                |    |  |
| BRICKLAYER                  | JOINER                       | EI | ECTRICIAN | I (CONSTRUCTIO | N) |  |
| BRICKLAYER AND PLASTERER    | JOINER AND WOODMACHINIST     | EI | ECTRICAL  | WIREMAN        |    |  |
| CARPENTER                   | PLASTERER                    | PI | UMBER     |                |    |  |
| CARPENTER AND JOINER        | TILER                        | P  | AINTER AN | D DECORATOR    |    |  |

### **EDUCATIONAL QUALIFICATIONS**

| FET COLLEGE ATTENDED              |      |                  |          |      |           |    |    |     |    |      |      |  |
|-----------------------------------|------|------------------|----------|------|-----------|----|----|-----|----|------|------|--|
| PERIOD ATTENDED                   | FROM |                  |          |      |           |    |    |     |    |      |      |  |
|                                   |      |                  |          |      |           |    | то |     |    |      |      |  |
|                                   |      |                  |          |      |           |    |    |     |    |      |      |  |
|                                   | C    | UALIFICATION/S C | OMPLETED | (PLE | EASE TICH | () |    |     |    |      |      |  |
|                                   |      |                  | N1       |      | N2        |    | N3 |     | N4 | N5   | N6   |  |
| NATED PROGRAMMES                  |      |                  |          |      |           |    |    |     |    |      |      |  |
|                                   |      |                  |          |      |           |    |    |     |    |      |      |  |
| NATIONAL CERTIFICATE (VOCATIONAL) |      |                  |          |      |           |    |    | NCV | 2  | NCV3 | NCV4 |  |

| NAME OF LAST SCHOOL ATTENDED |      |                  |  |
|------------------------------|------|------------------|--|
|                              |      |                  |  |
| TOWN/SUBURG/VILLAGE          |      | <br>MUNICIPALITY |  |
|                              |      |                  |  |
| PERIOD                       | FROM | то               |  |
|                              |      |                  |  |
| HIGHEST GRADE PASSED         |      |                  |  |
| SUBJECTS PASSED              |      |                  |  |
|                              |      |                  |  |
|                              |      |                  |  |
|                              |      |                  |  |
|                              |      |                  |  |
|                              |      |                  |  |
|                              |      |                  |  |
|                              |      |                  |  |
|                              |      |                  |  |
|                              |      |                  |  |

## ENTRY REQUIREMENTS QUESTIONNAIRE

| 1. | <ol> <li>Do you have minimum of five years appropriate practical site experience in the trade<br/>concerned <b>OR</b></li> </ol> |  |     |    |  |
|----|--|--|-----|----|--|
| 2. | (a   | ) Four years' appropriate practical site experience in the trade concerned, and  | YES | NO |  |
|    | (k   | a National Technical Certificate, Part 2 (N2 or equivalent ) in the relevant trade, with a pass in trade theory; <b>OR</b> | YES | NO |  |
| 3. | (a   | ) Three years appropriate practical site experience in the trade concerned, and  | YES | NO |  |
|    | (k   | b) Completed all Skills Register based TPC tasks in the trade concerned; <b>OR</b>   | YES | NO |  |
| 4. | F  | ormer apprentices who have failed a CETA designated trade test; <b>OR</b>  | YES | NO |  |

## 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 <b>MUST</b> 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)   |   |  |  |  |  |  |  |
| Original certified copy of Green RSA Identity Document   |   |  |  |  |  |  |  |
| Original certified copy of highest qualification (Matric certificate or FET College statement of results)  |   |  |  |  |  |  |  |
| Original letter/s of experience on a letterhead signed by the owner/Managing Director/CEO of the company/ies   | S |  |  |  |  |  |  |
| 1. Letter of experience from (name of company):  |   |  |  |  |  |  |  |
| 2. Letter of experience from (name of company):  |   |  |  |  |  |  |  |
| 3. Letter of experience from (name of company):  |   |  |  |  |  |  |  |
| 4. Letter of experience from (name of company):  |   |  |  |  |  |  |  |
| 5. Letter of experience from (name of company):  |   |  |  |  |  |  |  |
| 6. Letter of experience from (name of company):  |   |  |  |  |  |  |  |
| Proof of banking details (Bank statement or stamped letter from the bank only)   |   |  |  |  |  |  |  |
| Proof of residential address (original municipal account, bank statement, account statement or original letter from Tribal Authority or Councillor)                      |   |  |  |  |  |  |  |
| Affidavit in support of proof of address (if address is not in the name of the learner)  |   |  |  |  |  |  |  |
| Learners with a disability and those applying for trade a related learnership: attach a medical certificate.<br>Do not send original documents, attach certified copies. |   |  |  |  |  |  |  |
| Duly completed and signed notification to host a prospective learner on an Apprenticeship signed by the prospective apprentice and prospective employer                  |   |  |  |  |  |  |  |

### 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<br>this application is true and correct. I understand that any false information will automatically disqualify me from being part of<br>the CETA funded learning programme.<br>Print name and Surname : |     |  |  |  |  |  |
|---|-----|--|--|--|--|--|
| Print name and Surname  | :   |  |  |  |  |  |
| Signature   | :   |  |  |  |  |  |
| Date  | : _ |  |  |  |  |  |
|   |     |  |  |  |  |  |

#### FOR OFFICE USE

| CHECKED BY CETA LPQD          |  |   |        |  |  |   |                                |  |    |    |  |  |
|-------------------------------|--|---|--------|--|--|---|--------------------------------|--|----|----|--|--|
| DOES THE LEARNER              | DOES THE LEARNER QUALIFY TO ENROL ON THE APPRENTICESHIP? |   |        |  |  |   |                                |  |    | NO |  |  |
| COMMENTS                      |  |   |        |  |  |   |                                |  |    |    |  |  |
| IF NO, REASONS                |  | Learner does not meet<br>qualification entry<br>requirements<br>dualification entry<br>for a trade test |        |  |  | Learner doe<br>meet other<br>requiremen | Not a South African<br>citizen |  |    |    |  |  |
| APPLICANT NOTIFIEDOF DECISION |  |   |        |  |  |   | YES                            |  | NO |    |  |  |
| NAME                          |  | SIGN  | IATURE |  |  |   | DATE                           |  |    |    |  |  |