

WORKPLACEMENT 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 <i>(YYYY/MM/DD)</i>
RACE	<input type="checkbox"/> AFRICAN	<input type="checkbox"/> COLOURED	<input type="checkbox"/> INDIAN	<input type="checkbox"/> WHITE
DO YOU HAVE A DISABILITY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES SPECIFY DISABILITY AND ATTACH PROOF	
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 EMPLOYER				
NAME OF ENTITY CONTRACTED TO THE CETA				

EDUCATIONAL QUALIFICATIONS

NAME OF UNIVERSITY/UNIVERSITY OF TECHNOLOGY	
FIRST ENROLLMENT DATE AT ABOVE UNIVERSITY	
QUALIFICATION ENROLLED FOR	
YEAR OF STUDY	

LEARNING EXPERIENCE

QUALIFICATION FIELD INTENDED TO GAIN EXPERIENCE FROM AT THE WORKPLACE	
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PROJECT FUNDING DETAILS

IS THIS A CETA FUNDED PROJECT?								YES	NO
IF YES, YEAR OF ALLOCATION	2011/12		2012/13		2013/14		2014/15		2015/16

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 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 proof of registration and copy of statement of results/credits	<input type="checkbox"/>
Will requirements from higher education institution	<input type="checkbox"/>
Original proof of residence or certified copy	<input type="checkbox"/>
Proof of banking details (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 learner)	<input type="checkbox"/>
Intern with a disability to attach an original medical certificate on a CETA template completed, signed and stamped by a medical practitioner registered with the HPCSA or a certified copy of an existing medical report (must have been certified within 3-months of submission to the CETA).	<input type="checkbox"/>
Duly completed, signed and initialled notification to host a prospective intern on an internship signed by intern 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 PMU					
HAS THE INTERN APPLIED FOR CORRECT INTERNSHIP CATEGORY?				YES	NO
COMMENTS					
NAME		SIGNATURE		DATE	

CHECKED BY CETA LPQD					
DOES THE INTERN QUALIFY TO ENROL ON THE CANDIDACY PROGRAMME?				YES	NO
COMMENTS					
APPLICANT NOTIFIED OF DECISION				YES	NO
NAME		SIGNATURE		DATE	