



DEPARTMENT OF CORRECTIONAL SERVICES

Learnership Application Form

IMPORTANT INFORMATION

- Please complete this form in black ink.
- Sections A to F should be completed in full by an applicant. Incomplete forms shall not be accepted.
- Please attach certified copies of your ID Document and proof of qualifications. Applications that do not comply to the institutions contained in this form shall not be considered.

A. POST PARTICULARS:												
The name of the learnership you are applying for (as advertised):												
Region (Province) in which the learnership workplace training shall take place:												
Reference number:			Management Area (Correctional Centre) where you are applying for learnership:									
B. DETAILS OF THE APPLICANT:												
Title:			Initials:									
Surname:												
First Name(s):												
Date of Birth:			Are you a SA Citizen:			Yes		No				
ID Number:						Age:						
Please mark the relevant block						Gender:		MALE		FEMALE		
Race:			AFRICAN			WHITE			COLOURED		INDIAN	
Do you have a previous criminal offence or pending criminal case(s)									Yes		No	
If yes, specify:												
Residential Address:						Postal Address: (If different from Residential address)						
Province:						Contact Number:						
E-mail Address (If applicable):												

C. LANGUAGE PROFICIENCY – State 'good', 'fair' or 'poor'					
Languages					
Speak					
Read					
Write					
What is your highest standard passed? (attach proof)					
Do you have an additional completed qualification?			Yes		No
If yes, specify: (attach proof)					
Are you currently studying?		Yes		No	If yes, specify below:
Qualification:			Institution:		
D. DISABILITY INFORMATION:					
Do you have a disability as contemplated by the Employment Equity Act 55 of 1998?			Yes		No
Specify other conditions; if any					
Do you require the assistance of another person (Aid) while attending with the theoretical and practical training?			Yes		No
Tick the nature of the disability below:					
Deaf		Blind		Hard to hear	
				Visually impaired	
Learning disability			Paralysis/Quadriplegic/wheelchair bound		
					Loss of Speech
					Other (Specify below)
E. REFERENCES:					
Name		Relationship to you		Contact Number	
F. DECLARATION:					
I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application for the learnership being disqualified.					
Signature: _____			Date: _____		