



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										
Name of high school attended and province										
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 the theoretical and practical training for the learnership?					Yes				No	
Tick the nature of the disability below:										
Deaf		Blind		Hard to hear		Visually impaired		Loss of Speech		
Learning disability				Paralysis/Quadriplegic/wheelchair bound					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: _____					

