



SHORT SKILLS PROGRAMME 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	GENDER			
					<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
DO YOU HAVE A DISABILITY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES SPECIFY DISABILITY AND ATTACH CERTIFICATE					
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				
ARE YOU CURRENTLY EMPLOYED?					YES		NO	
HAVE YOU EVER BEEN ENROLLED ON A LEARNERSHIP BEFORE THIS APPLICATION?					YES		NO	
IF YES, HOW WAS THE LEARNERSHIP FUNDED?	SETA		FUNDED BY STATE ORGAN/GOVERNMENT DEPARTMENT		FUNDED BY PRIVATE COMPANY		I DON'T KNOW	
WAS THE LEARNERSHIP COMPLETED SUCCESSFULLY?					YES		NO	
IF YES, STATE NAME OF LEARNERSHIP, YEAR AND CERTIFICATE OBTAINED. (IF NO, INDICATE NOT APPLICABLE)								
IF NO, PLEASE PROVIDE REASONS WHY								
NAME OF PROSPECTIVE EMPLOYER								

NAME OF QUALIFICATION APPLYING FOR (E.G. NC COMMUNITY HOUSEBUILDING NQF L2 – 55 CREDITS)	
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IS THE SHORT SKILLS PROGRAMME REGISTERED WITH CETA LPQD?	
IF YES, WHAT IS THE SP REGISTRATION CODE? (PS ATTACH PROOF)	
IF APPLICATION IS APPROVED, HOW LONG THE TRAINING WILL LAST?	

EDUCATIONAL QUALIFICATIONS

NAME OF LAST SCHOOL ATTENDED			
TOWN/SUBURB/VILLAGE		MUNICIPALITY	
PERIOD: FROM		TO	
HIGHEST GRADE PASSED			

WORK EXPERIENCE

CURRENT EMPLOYER			
NAME OF EMPLOYER			
POSITION HELD			
PERIOD EMPLOYED	FROM		TO
RESPONSIBILITIES			

EMPLOYER			
NAME OF EMPLOYER			
POSITION HELD			
PERIOD EMPLOYED	FROM		TO
RESPONSIBILITIES			

EMPLOYER			
NAME OF EMPLOYER			
POSITION HELD			
PERIOD EMPLOYED	FROM		TO
RESPONSIBILITIES			

PROJECT FUNDING DETAILS

IS THIS A CETA FUNDED PROJECT?	YES		NO	
IF YES, YEAR OF ALLOCATION				2020/21

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 copy of Highest qualification	<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"/>
Learner with a disability: attach an original medical certificate on a CETA template completed, signed and stamped by a medical practitioner registered with the HPCSA or a certified medical certificate (certification must not be older than 3-months).	<input type="checkbox"/>

DECLARATION

<p>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.</p> <p>Print name and Surname : _____</p>
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Signature	:	
Date	:	

FOR OFFICE USE

CHECKED BY CETA LPQD										
DOES THE LEARNER QUALIFY TO ENROL ON A SHORT SKILLS PROGRAMME?							YES		NO	
IF NO, REASONS	Learner does not meet qualification entry requirements		Learner qualifies for RPL		Learner over-qualified		Not a South African citizen			
APPLICANT NOTIFIED OF DECISION							YES		NO	