



APPLICATION FOR WORK INTERGRATED LEARNING (WIL) /IN-SERVICE TRAINING PROGRAMME IN KWAZULU-NATAL PROVINCIAL ADMINISTRATION

WHAT IS THE PURPOSE OF THIS FORM

To assist a government department in selecting a person for an advertised training programme.

This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM

Only persons wishing to apply for a WIL programme in a KwaZulu-Natal Provincial Administration government department.

A person who has not participated in the WIL Programme before.

ADDITIONAL INFORMATION

This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.

SPECIAL NOTES

1 – All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID or passport.

2 – This information is required to enable the department to comply with the Employment Equity Act, 1998.

3 – This information will only be taken into account if it directly relates to the requirements of the WIL Programme.

4 – All applicants must attach Curriculum Vitae.

5 – Preference will be given to candidates who reside within the relevant Municipality/ District / Region.

A. THE ADVERTISED WIL PROGRAMME

Region where candidate requests placement <i>(NB: Preference will be given to candidates who reside within the relevant Municipality/ District/ Region)</i>	Department where the position was advertised		
Depot where candidate requests placement	Have you ever participated in an Apprenticeship Programme before?		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Yes</td> <td style="width: 50%; padding: 5px;">No</td> </tr> </table>	Yes	No
Yes	No		
	If yes state Department/ Company: _____		

B. PERSONAL INFORMATION

Surname				
First Names				
Date of Birth				
ID number				
Race	<i>African</i>	<i>White</i>	<i>Coloured</i>	<i>Indian</i>
Gender	<i>FEMALE</i>		<i>MALE</i>	
Do you have a disability?	<i>YES</i>		<i>NO</i>	
Are you a South African Citizen?	<i>YES</i>		<i>NO</i>	
If no, what is your Nationality				
And do you have a valid work Permit?	<i>YES</i>		<i>NO</i>	
Have you ever been convicted of a criminal offence or been dismissed from employment?	<i>YES</i>		<i>NO</i>	

C. HOW DO WE CONTACT YOU

Name of District Municipality Residing			
Name of Local Municipality and Ward			
Physical Address	Postal Code: _____		
Postal Address	Postal Code _____		
Telephone/Cell Number <i>(at least 2 contact numbers must be provided)</i>	()		
	()		

	E-mail Address	
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D. LANGUAGE PROFICIENCY – state ‘good’, ‘fair’ or ‘poor’

	Languages (specified)					
Speak						
Read						
Write						

E. QUALIFICATIONS (please ignore if you have attached a CV with these details)

Name of School / Technical College	Highest qualification obtained	Year Obtained
<i>Tertiary education (complete for each qualification you obtained)</i>		
Name of Institution	Name of Qualification	Year Obtained
Current study (institution and qualification)		

F. What have you been doing in the previous year?

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Unemployed		Studying			
Employed		Other Specify.....			
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> </table>			If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment	Yes	No
If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment	Yes	No			
If yes, provide the name of the previous employing department					

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 being disqualified or my discharge if I am appointed.

Signature:	Date:
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