



LEARNERSHIP APPLICATION FORM

Important Information

- This application does not guarantee that the learner will be accepted
- An applicant should complete section A to F in full. Incomplete forms shall not be accepted
- Required documents to be sent with this application form:
 - Certified copy of Identity Document
 - Certified copy of School report/Matric certificate
 - Letter of application for Learnership

A. POST PARTICULARS											
The name of the Learnership you are applying for (As advertised):											
Reference Number											
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 or pending criminal case(s)								Yes		No	
If yes, specify											
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 Nature of the disability											
Deaf		Blind		Hard to hear		Visually Impaired		Loss Speech			
Learning disability				Paralysis/Quadriplegic/Wheelchair bound				Other (Specify below)			

Residential Address:			Postal Address: If different from Residential address		
Email Address:		Contact Number:			
C. Language Proficiency – State 'Good' 'Fair', or 'Poor'					
Languages					
Speak					
Read					
Write					
What level of qualification? (attach proof)					
Do you have an additional completed qualification			Yes		No
If Yes, Specify: (attach proof)					
Are you currently studying		Yes		No	
Have you previously undertaken a Learnership?				Yes	No
If yes, specify title and code:					
If you are employed, when did you start working?					
D. REFERENCES					
Name		Relationship to you		Contact Number	
E. DECLARATION					
I declare that all the information provided (including any attachments) is 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: _____		

INDEMNITY

I, the undersigned..... (full name of learner), ID..... do, on behalf of myself, my executors, my assigns, my heirs and all my dependants HEREBY ACKNOWLEDGE AND DECLARE THAT should I, as a result of my attending the Further Education and Training, whether during or in the course of training or not, sustain bodily injury or loss of life, or suffer any damage whatsoever to my property, as a result of the use of transport or if caused by animals or implements or other learners or as a result of any cause whatsoever and under any circumstances whatsoever, whether or not such injury or loss or damage may arise out of or may have any connection with any negligence, failure or incompetence on the part of any employee or officer of the State or persons acting on instructions from an officer of the State shall not be liable to me, my assigns, my heirs, my executors or dependants in respect of such injuries, loss of life or damage, as aforesaid; AND on behalf of myself, my executors, my assigns, my heirs and all my dependants I DO HEREBY INDEMNIFY, HOLD HARMLESS AND ABSOLVE the State, its officers and employees, and persons acting on instructions from an officer for the State against and from any claim or damage whatsoever and legal expenses of costs including attorney and client cost, which may arise out of my attending the Further Education and Training (as aforesaid, which damage, expenses, or costs may be claimed by any person whatsoever.

SIGNED AT
 ON THIS..... DAY OF..... (MONTH & YEAR)
 SIGNATURE OF APPLICANT / PARENT / GUARDIAN
 WITNESS 1 DATE
 WITNESS 2 DATE

FOR OFFICE USE ONLY

- Completed and signed Application from
- Certified copy of Identity Document
 - Certified copy of School report / Matric certificate
 - Letter of application for Learnership

Yes	No
Yes	No
Yes	No

Complete:

Yes	No
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If Incomplete: outstanding information requested: Date:

Yes	No
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