



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
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: _____		