



## APPLICATION FORM FOR LEARNING PATHWAYS

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	
18.1 (EMPLOYED)				18.2 (UNEMPLOYED)	

### EDUCATIONAL QUALIFICATIONS

LAST SCHOOL ATTENDED			
FROM		TO	
HIGHEST QUALIFICATION OBTAINED / GRADE PASSED			

**LEARNING PATHWAYS**SHORT SKILLS PROGRAMMES LEARNERSHIP INTERNSHIP TVET PLACEMENT **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 <b>MUST</b> be attached to this application or applicant will be disqualified	
Learner CV	<input type="checkbox"/>
Proof of residence	<input type="checkbox"/>
One copy of ID / passport photo	<input type="checkbox"/>
Certified Copy of Identity Document	<input type="checkbox"/>
Certified copy of Highest qualification	<input type="checkbox"/>
Learners with a disability and those applying for apprenticeships: attach a medical certificate. <u>Do not</u> send original documents, attach certified copies.	<input type="checkbox"/>
Proof of banking details	<input type="checkbox"/>
Copy of Apprenticeship Contract / Learnership Agreement	<input type="checkbox"/>

**DECLARATION**

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/non-funded learning programmes.

Print name and Surname : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_