



58 Chris Hani Drive, Bela-Bela, 0480

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APPLICATION FORM FOR A LEANERSHIP

TERMS AND CONDITIONS

1. The purpose of this form is to assist Bela-Bela Local Municipality in selecting suitable candidates for an advertised learnership.
2. This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the CV.
3. All information received will be treated with strictly confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.
4. This form is designed to assist municipality with the recruitment, selection, and appointment of learners in terms of the Municipal Systems Act, 2000 (Act No. 32 of 2000)

DETAILS OF THE ADVERTISED LEANERSHIP (as reflected in the advert)

Advertised learnership applying for	
Reference /Notice Number	
Name of the Municipality	

PERSONAL DETAILS

Surname				
First Names				
ID or Passport Number				
Gender	Male		Female	
Race	African	White	Coloured	Indian
Do you have a disability?	Yes	No	If yes, please elaborate	
Are you a South African citizen?	Yes	No	If not, what is your nationality?	
			Do you have a valid work permit	Yes

CONTACT DETAILS

Telephone number during office hours	()			
Mobile phone number				
Residential Address				
Postal Address				
Preferred method for correspondence (Mark with an X)	Post	E-mail	Cell Phone Number	
Email Address				

Preferred language of communication	
QUALIFICATIONS (Please elaborate on your CV)	
Highest Educational qualification obtained	
Name of School	Highest Grade
Highest tertiary qualification obtained	
Name of Institution	Name of Qualification
CRIMINAL RECORD	
Have you been convicted of any criminal offence in court of law during the past ten (10) years	Yes
	No
If yes, type of criminal act	
Date criminal case finalized	
Outcome / Judgment	
DECLARATION	
I hereby declare that all the information provided in this application and any attachments in support thereof is to the best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any information may lead to my disqualification or termination of my employment contract, if appointed.	
Signature:	Date: