

APPLICANT PERSONAL DETAILS													
<b>Province:</b>													
<b>Town / Township:</b>													
Personal Details													
<b>Title:</b>	Mr			Mrs			Miss			Ms			
<b>Surname:</b>				<b>First Names:</b>									
<b>ID No:</b>				<b>Date of Birth:</b>									
<b>Home Tel No:</b>				<b>Cell Phone No:</b>									
<b>Marital Status:</b>	Single			Married			Divorced			Widowed		Separated	
<b>Language Proficiency: English</b>				Basic			Intermediate			Proficient			
<b>Are You currently Employed</b>				Yes <input type="checkbox"/>				No <input type="checkbox"/>					
<b>Last Date of Employment:</b>													
<b>How long were you Employed for:</b>													
<b>Company that you were last Employed with:</b>													
<b>Are You Currently stating with an Employed Person</b>				Yes <input type="checkbox"/>				No <input type="checkbox"/>					
<b>What is the Employed Persons Name:</b>													
<b>What is the name of the Company where the Employed Person can be contacted:</b>													
<b>What is the Employed Person's work contact details:</b>													
<b>Gender:</b>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<b>Race:</b>	A	<input type="checkbox"/>	C	<input type="checkbox"/>	I	<input type="checkbox"/>	W	<input type="checkbox"/>
<b>Age:</b>				<b>Are you a South African Citizen:</b>					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
<b>Highest Qualification:</b>				<b>Year Qualification was obtained:</b>									
<b>Tax Reference No:</b>				<b>Tax Office:</b>									
<b>Personal Email Address:</b>													
Disability													
<b>Are you disabled:</b>			Yes <input type="checkbox"/>		No <input type="checkbox"/>		<b>What is the nature of your disability:</b>						
Current General, Further or Higher Education													
<b>Are you currently registered with a Training Provider, University, College or School</b>										Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<b>Are you currently in the process of applying for or have you applied to a Training Provider, University, College or School?</b>										Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<b>If Yes, with which Training Provider, University, College or School:</b>													
Criminal Record													
<b>Do you have a criminal record?</b>										Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Physical Address Details			
<b>Physical Address:</b>			
Unit No:		Complex Name:	
Street/Farm Name:		Street No:	
Suburb/District:		Postal Code:	
City/Town:		Province	

Protection of Personal Information (POPI)	
<p>By agreeing to the terms of this consent form, I hereby voluntarily authorize Skill Tech Solutions (Pty) Ltd to process my personal information (including my name, credit card &amp; banking details, physical address, telephone numbers &amp; any other information I have provided to Skill Tech Solutions (Pty) Ltd). Processing shall include the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation, use; dissemination by means of transmission, distribution or making available in any other form; or merging, linking, as well as blocking, degradation, erasure or destruction of information. This consent is effective immediately &amp; will endure until the relationship between myself &amp; Skill Tech Solutions (Pty) Ltd has been terminated.</p>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Credential Disclosure Form	
<p>Do you object to completing, signing and submitting a <b>Personal Credentials Disclosure Form</b> that will be used to access your Personal Information and conduct background screening checks including, but not limited to, credit, qualifications, employment references, criminal record, fraud prevention, ID verification, drivers' licence and all social media accounts linked/associated/known to you of which you are a user/member of?</p>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employment	
I hereby declare that I am currently Unemployed	
Full Name/Surname:	Signature: <span style="float: right;">Date:</span>
<p>By signing below, I hereby certify that the details furnished in this document, and any attached documents, are true and correct to the best of my knowledge and belief and I undertake to inform Skill Tech of any changes therein, immediately. In case any of the above information, and any attached documents, is found to be false, untrue, misleading, or misrepresenting, I am aware that this will automatically disqualify me for consideration for any Training.</p>	
Full Name/Surname:	Signature: <span style="float: right;">Date:</span>
<p><b>PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS:</b>            4 x certified copies of ID (certification not older than 3 months)            4 x certified copies of highest qualification, including matric certificate (certification not older than 3 months)            Proof of residence            CV            If disabled, please attach a valid copy of your medical certificate, clearly stating that you are disabled, the nature of the disability, if the disability is long or short term and if the disability is recurring or progressive</p>	