

LEARNER APPLICANT PERSONAL DETAILS																											
Personal Details																											
Title:	Mr			Mrs			Miss			Ms																	
Surname:						First Names:																					
ID No:						Date of Birth:																					
Home Tel No:						Cell Phone No:																					
Marital Status:		Single		Married		Divorced		Widowed		Separated																	
Language Proficiency: English						Basic		Intermediate		Proficient																	
Language Proficiency: Afrikaans						Basic		Intermediate		Proficient																	
Gender:		Male		<input type="checkbox"/>		Female		<input type="checkbox"/>		Race:		A		<input type="checkbox"/>		C		<input type="checkbox"/>		I		<input type="checkbox"/>		W		<input type="checkbox"/>	
Age:						Are you a South African Citizen?:						Yes <input type="checkbox"/>		No <input type="checkbox"/>													
Highest Qualification:						Year Qualification was obtained:																					
Currently Employed:				Yes <input type="checkbox"/>		No <input type="checkbox"/>		Years of Working Experience:																			
Tax Reference No:						Tax Office:																					
Personal Email Address:																											
Disability																											
Are you disabled:				Yes <input type="checkbox"/>		No <input type="checkbox"/>		What is the nature of your disability:																			
Prior/Current General, Further or Higher Education																											
Prior Learnership programme completed?:										Yes <input type="checkbox"/>		No <input type="checkbox"/>															
If Yes, provide title and NQF level of completed prior learnership programme:																											
If Yes, provide date (month/year) in which prior learnership programme was completed:																											
Are you in possession of a Statement of Results or certificate of prior learnership:										Yes <input type="checkbox"/>		No <input type="checkbox"/>															
Are you currently registered on a learnership programme?:										Yes <input type="checkbox"/>		No <input type="checkbox"/>															
If Yes, provide title and NQF level of learnership programme:																											
Are you currently registered with a Training Provider, University, College or School?:										Yes <input type="checkbox"/>		No <input type="checkbox"/>															
Are you currently in the process of applying for or have you applied to a Training Provider, University, College or School?										Yes <input type="checkbox"/>		No <input type="checkbox"/>															
If Yes, with which Training Provider, University, College or School:																											
Criminal Record																											
Do you have a criminal record?										Yes <input type="checkbox"/>		No <input type="checkbox"/>															
Physical Address Details																											
Physical Address:																											
Unit No:				Complex Name:																							
Street/Farm Name:						Street No:																					
Suburb/District:																											
City/Town:						Postal Code:																					

LEARNER APPLICANT PERSONAL DETAILS					
Spouse/Partner Details (If Applicable)					
Surname:			First Names:		
ID/Passport No:			Email Address:		
Cell phone No:			Work/Home Tel No:		
Emergency Contact Details (Other Than Spouse/Partner)					
Surname:			First Names:		
Cell phone No:			Work/Home Tel No:		
Email Address:			Relationship:		
Learnership Registration Motivation					
Briefly explain the reason for wanting to register for a Learnership Programme.					
Briefly explain what type of Learnership Programme you would be interested in registering on.					
Briefly explain what your career goals and aspirations are for the future.					
From the list below, please indicate the industry you would prefer to work in to further your career path. Note: The College cannot give any guarantee that you will be placed on a Learnership Programme as per your selection.					
Accounting Services	<input type="checkbox"/>	Administrative	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>
Arts, Culture and Entertainment	<input type="checkbox"/>	Banking	<input type="checkbox"/>	Chemical	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Entrepreneurship	<input type="checkbox"/>
Financial and Insurance	<input type="checkbox"/>	Financial Services	<input type="checkbox"/>	Forestry and Logging	<input type="checkbox"/>
Health and Welfare	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	ICT	<input type="checkbox"/>
Local Government	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Media	<input type="checkbox"/>
Mining and Quarrying	<input type="checkbox"/>	Public Administration	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>
Safety and Security	<input type="checkbox"/>	Services	<input type="checkbox"/>	Sports	<input type="checkbox"/>
Training and Development	<input type="checkbox"/>	Transport and Storage	<input type="checkbox"/>	Water Supply	<input type="checkbox"/>
Wholesale and Retail	<input type="checkbox"/>				

Protection of Personal Information (POPI)		
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 & banking details, physical address, telephone numbers & 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 & will endure until the relationship between myself & Skill Tech Solutions (Pty) Ltd has been terminated.		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
Personal Credential Disclosure Form		
Do you object to completing, signing and submitting a Personal Credentials Disclosure Form 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?		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
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 Learnership programme with Skill Tech.		
Full Name/Surname:	Signature:	Date:
Delivery Address: 1st Floor Block A, Fleetcall House, Cnr. Oude Molen Avenue South and Heuwel Road, Centurion		
PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS: 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 Proof of banking details (letter from the bank) SARS registration letter (letter from SARS confirming tax reference number) CV Statement of results (if applicant has been on a prior learnership) <u>If disabled</u> , 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		