

CONSTRUCTION MANAGEMENT CANDIDACY APPLICATION FORM

PLEASE SELECT THE PROVINCE WHERE YOU RESIDE **GAUTENG** LIMPOPO **NORTH WEST WESTERN CAPE** NORTHERN CAPE **EASTERN CAPE** KWAZULU NATAL FREE STATE MPUMALANGA PERSONAL INFORMATION TITLE (Mr. Mrs. Ms.) INITIALS SURNAME FIRST NAMES IN FULL (as per ID) DATE OF **RSA (Identity Document** number) BIRTH (YYYY/MM/DD) RACE GENDER AFRICAN COLOURED INDIAN WHITE **FFMALE** MAIF DO YOU HAVE A DISABILITY IF YES SPECIFY YES \square_{NO} DISABILITY AND ATTACH PROOF POSTAL ADDRESS **PHYSICAL ADDRESS** CODE: CODE: MUNICIPALITY CELL PHONE NO. HOME TEL. NO. E-MAIL ADDRESS ALTERNATIVE CONTACT CELL PHONE NO. **PERSON** E-MAIL ADDRESS WERE YOU EMPLOYED BEFORE ENROLLING ON THE CANDIDACY PROGRAMME? Yes No NAME OF EMPLOYER YEAR ENROLLED REGISTRATION CATEGORY APPLYING FOR (PS TICK) CONSTRUCTION MANAGEMENT PROFESSIONAL ENGINEER CANDIDATE ENGINEERING TECHNOLOGIST **PROFESSIONAL CANDIDATE CERTIFICATED ENGINEER CANDIDATE ENGINEERING TECHNICIAN** PROFESSIONAL ENGINEERING TECHNICIAN

PROFESSIONAL CANDIDATE CERTIFICATED ENGINEER

PROFESSIONAL CANDIDATE ENGINEERING TECHNOLOGIST

EDUCATIONAL QUALIFICATIONS

NAME OF UNIVERSITY/UNIVERSITY OF TECHNOLOGY ATTENDED		
PERIOD: FROM	то	
QUALIFICATION OBTAINED		
YEAR QUALIFIED		

PROJECT FUNDING DETAILS

IS THIS A CETA FUNDED PROJECT?						YES		NO	
IF YES, YEAR OF ALLOCATION	2011/12		2012/13		2013/14	2014/1	5	2015/16	

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 MUST be attached to this application or the applicant will be disqualified	
ID size or passport photo printed on photo paper (to be appended to right hand corner of application form)	
Original certified copy of Green RSA Identity Document	
Original certified copy of Degree/National Diploma/BTech/etc	
Proof of SACPCMP registration	
Candidate CV attached	
Original proof of residence or certified copy	
Proof of banking details (Bank statement or stamped letter from the bank only)	
Proof of residential address (original municipal account, bank statement, account statement or original letter from Tribal Authority or Councillor)	
Affidavit in support of proof of address (if address is not in the name of the learner)	
Candidates with a disability to submit an original medical certificate on a CETA template completed, signed and stamped by a medical practitioner registered with the HPCSA or a certified copy of an existing medical report (must have been certified within 3-months of submission to the CETA).	
Duly completed and signed notification to host a prospective candidate, technician or technologist on a candidacy programme duly signed and initialled by the candidate and employer	

DECLARATION

		les of this application and that I understand them. I declare that the informat . I understand that any false information will automatically disqualify me fror the CETA funded learning programme.	
Print name and Surname	:		
Signature	:		
Date	:		

FOR OFFICE USE

CHECKED BY CETA LPQD										
DOES THE CANDIDATE QUALIFY TO ENROL ON THE CANDIDACY PROGRAMME?					YE	ES .		NO		
COMMENTS										
APPLICANT NOTIFIED OF DECISION						YES		NO		
NAME			SIGNATURE		D	ATE				