



# DEPARTMENT OF CORRECTIONAL SERVICES

## Corrections Learnership Application Form

### IMPORTANT INFORMATION

- Please complete this form in black ink and in your own handwriting.
- Sections A to F should be completed in full by an applicant. Incomplete forms shall not be accepted.
- Please attach copies of your identity document, proof of qualifications and residential address. Applications that do not comply to the requirements contained in this form shall not be considered.

A. ENROLMENT PARTICULARS:									
The name of the learnership you are applying for (as advertised):									
Region in which the learnership workplace training shall take place:									
Reference number:		Management Area (Correctional Centre) where you are applying for learnership:							
B. DETAILS OF THE APPLICANT:									
Title:			Initials:						
Surname:									
First Name(s):									
Date of Birth:			Are you a SA Citizen:		Yes		No		
ID Number:			Age:						
Please mark the relevant block				Gender:		Male		Female	
Race:		African		White		Coloured		Asian/Indian	
Do you have a previous criminal offence or pending criminal case(s)							Yes		No
If yes, specify:									
Residential Address:					Postal Address: (If different from Residential address)				
Province:			Contact Number:						
E-mail Address (If applicable):									



C. LANGUAGE PROFICIENCY – State 'good', 'fair' or 'poor'					
Languages					
Speak					
Read					
Write					
Name of high school attended and province					
What is your highest grade/standard passed? (attach proof)					
Do you have a completed post school qualification?			Yes		No
If yes, specify: (attach proof)					
Are you currently studying?		Yes		No	If yes, specify below:
Qualification:			Institution:		
D. DISABILITY INFORMATION:					
Do you have a disability as contemplated by the Employment Equity Act 55 of 1998?			Yes		No
Specify other conditions; if any					
Would you require the assistance of another person (aid) while attending the theoretical and practical training for the learnership?			Yes		No
Tick the nature of the disability below:					
Deaf		Blind		Hard to hear	
				Visually impaired	
Learning disability		Paralysis/Quadriplegic/wheelchair bound		Loss of Speech	
				Other (Specify below)	
E. REFERENCES:					
Name		Relationship to you		Contact Number	
F. DECLARATION:					
I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application for the learnership being disqualified.					
Signature: _____			Date: _____		

