



**APPLICATION FORM TO BE COMPLETED BY MATRICULANTS:
CLASS OF 2013 FOR GENERAL SECURITY PRACTICES
LEARNERSHIP**

INSTRUCTIONS:

1. Read carefully before completing, signing or submitting this form
2. Ensure that this form is completed in full
3. Complete in block letters
4. Ensure that this form is duly signed
5. Application forms with incomplete or incorrect information will be disqualified
6. Applications received after the closing date will not be considered
7. No faxed applications will be accepted
8. Attach **ALL** of the following documents **REQUIRED**
 - 8.1 Certified copy of grade 12 certificate
 - 8.2 Affidavit confirming unemployed status
 - 8.3 Certified copy of a valid South African identity document

NB: This form is to be completed by unemployed youth who completed Grade 12 in 2013 and who wish to pursue a career in private security

PERSONAL DETAILS												
Title :Mr / Miss/ Mrs												
Surname												
First Names												
Identity Number												
Date of birth (d:m:y)												
Place of birth												
SA Citizen	Yes		No		If not, please specify							
Gender	<input type="checkbox"/> M <input type="checkbox"/> F											
Race (please tick)	African		Coloured		Indian		White					
Municipality					Urban		Rural					
Geographic location(please tick)	KwaZulu Natal		Eastern Cape		Western Cape		Limpopo		Mpumalanga			
	North West		Northern Cape		Gauteng		Free State					
Residential Address												
	Code:											
Period Unemployed												
Postal Address (if different from above)												
	Code:											
Contact Details	Home Tel Number:											
	Work Tel Number:											
	Cellphone Number:											
	Fax Number:											
	E-mail Address:											

Have you been found guilty of a criminal offence?	Yes	No	If yes, please specify the nature of offence
Please provide details of any disabilities or impairments or special learning requirements you may have as per the categories provided	Physically Disability		
	Visual Disability		
	Hearing Disability		
	Mental Disability		
	Intellectual Disability		
	Psychiatric Disability		
	Multiple Disability		
	Impairments		
Special Learning Requirements			

SCHOOL CAREER

Name of school:			
Highest Grade Passed:		Year Obtained	
Subjects(List them below)		Grade	Symbols
If you passed Matric, state type of pass:			
Year attended:		From:	To:

DETAILS OF TERTIARY QUALIFICATIONS

Name of Degree/ Diploma

Institution obtained from

Year obtained

DETAILS ABOUT PARENT(S) / GUARDIAN / NEXT OF KIN			
Surname			
First names			
Relationship	Mother	Father	Other, please specify
Residential address			Code
Postal address			Code
Contact telephone numbers	Home		Cell
	Work		Other contacts
E-mail			

DECLARATION	
<p>I hereby declare that ALL the information provided in this application form is complete and correct. I understand and acknowledge that if any of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.</p>	
_____	_____
SIGNATURE OF APLICANT	DATE

Official Use
Application Reference:

SASSETA Board Final Decision: