



## **APPLICATION FORM TO BE COMPLETED BY UNEMPLOYED YOUTH IN THE WESTERN CAPE PROVINCE SEEKING CAREER WITHIN THE PRIVATE SECURITY INDUSTRY**

### **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 10 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 from Western Cape who require to be trained in the General Security Practices Skills Program 1 and Skills program 2**

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

	Work Tel Number:		
	Cellphone Number:		
	Fax Number:		
	E-mail Address:		
<b>Have you been found guilty of a criminal offence?</b>	Yes	No	If yes, please specify the nature of offence
<b>Please provide details of any disabilities or impairments or special learning requirements you may have as per the categories provided</b>	Physically Disability		
	Visual Disability		
	Hearing Disability		
	Mental Disability		
	Intellectual Disability		
	Psychiatric Disability		
	Multiple Disability		
	Impairments		
Special Learning Requirements			

**SCHOOL CAREER**

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

**Details of Tertiary Qualifications**

<b>Name of Degree/ Diploma</b> <hr/>
<b>Institution obtained from</b> <hr/>
<b>Year obtained</b> <hr/>

**DETAILS ABOUT PARENT(S) / GUARDIAN / NEXT OF KIN**

<b>Surname</b>			
<b>First names</b>			
<b>Relationship</b>	Mother	Father	Other, please specify
<b>Residential address</b>			Code
<b>Postal address</b>			Code
<b>Contact telephone numbers</b>	Home		Cell
	Work		Other contacts
<b>E-mail</b>			

**DECLARATION**

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.

\_\_\_\_\_  
**SIGNATURE OF APLICANT**

\_\_\_\_\_  
**DATE**

**Official Use**  
**Application Reference:**

**SASSETA Board Final Decision:**