



Note that this form must be completed in full, and a 2-page CV attached for this to be a valid application

A. ASPIRE UNEMPLOYED GRADUATES PROGRAMME				
B. PERSONAL INFORMATION				
Surname				
First names				
Date of birth				
Identity number				
Race	<i>African</i>	<i>White</i>	<i>Coloured</i>	<i>Indian</i>
Gender		Female	Male	
Do you have a disability?		Yes	No	
Are you a South African citizen?		Yes	No	
If no, what is your nationality?				
If yes to above, do you have a valid work permit?		Yes	No	
Have you been convicted of a criminal offence or been dismissed from employment?		Yes	No	
If your profession or occupation requires State or official registration, provide date and particulars of registration				
NB: ECONOMIC SECTOR OF INTEREST (e.g Agriculture, Finance, Tourism, Engineering / Built environment, etc				
C. HOW DO WE CONTACT YOU				
Preferred language for correspondence				
Telephone number during office hours				
Email				
Postal address				
Preferred method for correspondence	Post	E-mail	Fax	
Residential address				
Years living at this address				
Local municipality				

D. LANGUAGE PROFICIENCY – state ‘good’, ‘fair’, or ‘poor’							
	Languages (specify)						
Speak							
Read							
Write							

E. COMPUTER SKILLS (provide an indication of your ability with certain packages, and level of proficiency)

F. QUALIFICATIONS (please attach proof of qualifications)		
Name of School/Technical College	Highest qualification obtained	Year obtained
Tertiary education (complete for each qualification you obtained)		
Name of institution	Name of qualification	Year obtained
Current study (institution and qualification):		

G. WORK EXPERIENCE							
Employer (including current employer)	Post held	From		To		Reason for leaving	
		MM	YY	MM	YY		
If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-appointment						Yes	No
If yes, Provide the name of the previous employing department							

H. REFERENCES (please ensure references are contactable)		
Name	Relationship to you	Tel. No. (office hours)

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 being disqualified or my discharge if I am appointed:	
Signature:	Date:

For office use only:

Date stamp here:

Date received:

Application valid:

YES **NO**

Date captured:

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Processed by:

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Graduate reference:

AEDA – UG