

*Please note that all information supplied will be treated in strict confidence*

DATE:

### Section A: Personal information

Surname: \_\_\_\_\_ Name/s: \_\_\_\_\_

Telephone: (work) \_\_\_\_\_ Cell-phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Gender:** Male  Female  **Disability Status:** Yes  No

**Race:** Black  White  Coloured  Indian  Foreign

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

### Section B: Next of Kin Information

Surname: \_\_\_\_\_ Name/s: \_\_\_\_\_

Telephone: (work) \_\_\_\_\_ Cell-phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_



State the nature of industry/workplace relevant to your training needs:

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Required duration of In-service/Internship training: \_\_\_\_\_

Expected commencement date: \_\_\_\_\_ Completion date: \_\_\_\_\_

### **Section E: Documents to be attached**

In order for your application to be considered, the following documentation must be attached to this application form:

1. Proof of Registration
2. Identity Document of applicant (certified copy)
3. Matric Certificate (certified copy)
4. Latest results (certified copy)

### **Section F: Consent for Checks**

**PLEASE NOTE:**

In line with the company recruitment and selection policy all shortlisted candidates hereby agree to: -

1. Undergo formal selection assessments
2. Undergo relevant medical examination, except HIV testing, for areas where it is an inherent requirement to furnish a medical fitness certificate as a job requirement
3. Provide consent for reference checking which will encompass: -
  - a. Criminal record
  - b. Credit record
  - c. Verification of citizenship

## Section G: Declaration

I \_\_\_\_\_ (name and surname), hereby declare that the information contained in this application is true and correct to the best of my knowledge. I understand that any false information may constitute sufficient grounds to render this application null and void.

I also hereby give permission to AfriSam to forward any personal information that I have provided in support of this application to its information verification suppliers in order to verify my personal credentials and records.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

### **SUBMISSION DETAILS**

**FAX: (011) 767-7150 (Attention: Learning & Development Administrator)**

**E-MAIL: [phindile.sibiya@za.afrisam.com](mailto:phindile.sibiya@za.afrisam.com)**