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**		**Loss of Speech**	
Learning disability		**Paralysis/Quadriplegic/wheelchair bound**		**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: _____**