

For office use only

Serial Number.....

Registration Office.....

(Example: Olifantsfontein, Kimberley, Cape Town etc.)



**Application form
Department of Labour**

**Manpower Training act,, No 56 of 1981
Regulation 15, Annexure 8**

PLEASE PRINT

1. Surname _____
2. First names _____
3. Identity number: _____
4. Date of birth: _____
5. Standard of education _____

6. For statistical purposes
(Please mark with an X)

| | | | | | |
|----------|--|---------|--|------|--|
| African | | Female | | Male | |
| Indian | | Female | | Male | |
| Coloured | | Female | | Male | |
| White | | Female | | Male | |
| Other | | Specify | | | |

7. Residential address _____

8. Postal address _____

9. Telephone (Residential) _____ Employer: _____
10. Cell number _____
11. Name and address
of present employer _____

12. Present occupation _____
13. Trade in which assessment is required _____



14. Details of practical experience:

| Name and address of employer | From | To | Occupation |
|------------------------------|------|----|------------|
| | | | |
| | | | |
| | | | |

15. Details of previous assessment

| Name any other previous assessments/ trade | Date | Institution where assessment took place | Passed or failed |
|---|------|--|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Is the candidate under contract with a SETA or with Government? If yes, state.

SETA.....

Receipt Number.....

SKILLS DEVELOPMENT ACT, 1998
SECTION 28 TRADE TEST APPLICATION
MEDICAL / LANGUAGE INFORMATION



NAME:

ID NUMBER:

TRADE:

SERIAL NUMBER.....(To be completed by registration officer)

1.a) Please indicate by means of a cross in the appropriate space here under, as to whether or not you suffer from any medical disorder or allergy, e.g. High blood pressure, sugar, epilepsy, etc. which requires any special attention with regard to attempting a trade test

YES

NO

1.b) If YES, state the nature of the disorder / allergy and whether or not you are under **medical treatment**

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2.a) Please indicate if you have a problem with reading or writing

YES

NO

2.b) If you have, please discuss it with the person handling the application

NOTES BY REGISTRAR

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3.a) Do you want to make use of the hostel facilities on the premises?

YES

NO

3.b) If no, would you like to have lunch at the hostel of a minimum cost?

YES

NO

4.c) Please indicate if you want your trade test report / certificate to be mailed or would you like to be contacted to self collect

| <u>SELF COLLECT</u> | <u>MAIL</u> |
|----------------------------|--------------------|
| Contact person:..... | Addressee: |
| Contact no. ()..... | ADDRESS: |
| | |
| | |
| | |
| |Code..... |

It is the candidate's responsibility to ensure that his/her contact details are correct and updated at the office through which applied. Please **do not** discuss change of contact details with the examiners whilst on test or at the records office, Olifantsfontein

Candidate's signature

Registration officer

Date