

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

.....

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

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

YES	NO
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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