

# Sheltered Employment Factories

## Job Seekers Database Registration Form

B. PERSONAL INFORMATION				
Surname				
First names				
Date of birth				
Identity number <sup>2</sup>				
Race <sup>3</sup>	<i>African</i> <input type="checkbox"/>	<i>White</i> <input type="checkbox"/>	<i>Coloured</i> <input type="checkbox"/>	<i>Indian</i> <input type="checkbox"/>
Gender <sup>3</sup>			Female <input type="checkbox"/>	Male <input type="checkbox"/>
Do you have a disability? <sup>3</sup>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, State Nature of disability				
Are you a South African citizen?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If no, what is your nationality?				
And do you have a valid work permit?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Have you been convicted of a criminal offence or been dismissed from employment? <sup>4</sup>	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If your profession or occupation requires State or official registration, provide date and particulars of registration	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
C. HOW DO WE CONTACT YOU				
Preferred language for correspondence?				
Telephone number during office hours				
Preferred method for correspondence	Post <input type="checkbox"/>	E-mail <input type="checkbox"/>	Fax <input type="checkbox"/>	
Correspondence contact details (in terms of above)				

<b>E. QUALIFICATIONS</b>		
Name of School/Technical College	Highest qualification obtained	Year obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Tertiary education (complete for each qualification you obtained)</b>		
Name of institution	Name of qualification	Year obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current study (institution and qualification):		
<input type="text"/>		

<b>G. REFERENCES</b>		
Name	Relationship to you	Tel. No. (office hours)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>DECLARATION</b>	
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: <input type="text"/>	Date: <input type="text"/>

