Western Cape Government
Infrastructure
FOR YOU

EPWP YOUTH IN THE BUILT ENVIRONMENT APPLICATION FORM

A. Personal Information				
Surname				
First names				
Date of Birth				
ID Number				
Tax reference				
Race	African	White	Coloured	Indian
Gender	Female		Male	
Do you have a disability?	Yes		No	
If yes, please specify				
Are you a South African Citizen?	Yes		No	
If no, what is your nationality?				
Do you have a valid work permit?	Yes		No	
Have you ever been convicted of a criminal offence or been dismissed from employment?	Yes		No	
Skills programme that you are applying for:				
Have you completed a course in the above programme before?	Yes		No	

How do we contact you	
Telephone number during office hours	( )
Cell phone details	
Email address:	
Postal address:	

B. Language Proficiency – state "good", "fair" or "poor"			
	Languages (specified)		
	English	Afrikaans	isiXhosa
Speak			
Read			
Write			

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C. Qualifications (please ignore if you have attached a CV with these details		
Name of School / Technical College	Highest qualification obtained	Year obtained
Tertiary education (complete for each qualification you obtained)		
Name of Institution	Name of Qualification	Year Obtained

During School did you complete Mathematics or Mathematics Lit?	Yes	No	If Yes, Grade passed? _____	%
During School did you complete Physics	Yes	No	If Yes, grade passed? _____	%

Are you currently studying or attending classes?	Yes	No	
If Yes, are you currently receiving any stipends or on a bursary? Please specify			
Current study (Institution and qualification)			

D. Work Experience (Please ignore if you have attached a CV with these details)							
Employer (Including current employer)	Post held	From		To		Reason for leaving	
		MM	YY	MM	YY		

If you were previously employed in the Public Service, indicate whether any conditions exist that prevents your re-employment	Yes	No
If yes, provide the name of the previous employer		

E. References (please ignore if you have attached a CV with these details)		
Name	Relationship to you	Tel. No. (office hours)

Declaration	
I declare that all the information provided (including any attachment) is completed 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:	Date:

DoI EXPANDED PUBLIC WORKS PROGRAMME (EPWP), THEEWATERKLOOF MUNICIPALITY, NHBRC, COROBRIK, FET's

ACCESS TO PERSONAL INFORMATION: PARTICIPANT CONSENT

SECTION 1: BACKGROUND:
Due to compliance to the Protection of Personal Information Act (POPIA) 2013 effective from 30 June 2021, and the citizen's right to privacy (South African Constitution 1996, Section 14), permission is required to obtain and process personal information for the advertised EPWP skills programme.

The following personal details are needed:

- Full Name and Surname;
- Certified Copy of the Green barcoded Identity Document or Card;
- Details of your home address;
- Banking Details, and
- Contact Details: email address and cell number
- Work experience
- School / Qualification information
- CV

SECTION 2: PARTICIPANT CONSENT:

Acknowledgement:
It is acknowledged that with the signing of the EPWP Skills programme application, I am aware and consent that my personal details will be required for reporting and verification purposes.

Consent:
Permission is herewith granted to the institutions in question to obtain and process personal details for reporting and verification purposes.

Signature:

Participant:……

I…….(name and surname) give permission to……..(name of institution) to obtain personal details for monthly reporting and verification purposes.

Signed on……(date), at……..(place).