

Route Management APPRENTICESHIP *application*

Complete this form in your own handwriting. All information will be treated as confidential

Apprenticeship that you are applying for:

- Vehicle Body Building
- Diesel Mechanic
- Fitting and Turning
- Electrical
- Millwright
- Other _____

Application Checklist

Please ensure that the following documents are included with your applications

- COPY OF IDENTITY DOCUMENT
- COPY OF HIGHEST SCHOOL GRADE PASSED
- COPIES OF OTHER QUALIFICATIONS LISTED
- COPY OF COURSE CERTIFICATES AS LISTED
- COPY OF DRIVERS LICENSE

Send your completed application to:

janettevs@satb.co.za with subject line APPRENTICE2022 / YOUR SURNAME

Applications close: 15 December 2021

I declare that the below information is complete and true and I understand that false information can lead to being disqualified from the course

Signature: _____

Date: _____

1. Personal information

Full Name _____

Surname _____

Age _____

Date of Birth YYYY / MM / DD _____

Identity Number _____

Nationality _____

Gender _____

Marital Status _____

Home Language _____

Contact Number _____

Alternative Contact Number _____

Driver License _____ Code _____

Email Address _____

Describe any sickness and/or disabilities _____

Home Address _____

Signature: _____

Date: _____

3. Education

3.1 School Training

Name of School _____
City/Town _____
Years From _____ To _____
Highest Grade Passed _____

3.2 Tertiary Training

Name of Institution _____
City/Town _____
Years From _____ To _____
Qualification Obtained _____

Name of Institution _____
City/Town _____
Years From _____ To _____
Qualification Obtained _____

3.3 Further Courses

Name of Institution _____
City/Town _____
Years From _____ To _____
Qualification Obtained _____

Signature: _____

Date: _____

3. Education

3.3 Further Courses

Name of Institution _____

City/Town _____

Years From _____ To _____

Qualification Obtained _____

4. Work History

4.1 Work Experience

Name of Employer _____

Position Held _____

Years From _____ To _____

Reason of Leaving _____

Name of Employer _____

Position Held _____

Years From _____ To _____

Reason of Leaving _____

Signature: _____

Date: _____

4.4 Other Relevant Experience

4.5 Contactable References

Company Name _____

Name _____

Surname _____

Contact Number _____

Company Name _____

Name _____

Surname _____

Contact Number _____

5. General

Previous Criminal Convictions Yes No

Transport to use to and from training? Own Public Other _____

5.2 Tell us more about yourself and why you want to do the apprenticeship

Signature: _____

Date: _____