

**MUNICIPAL INFRASTRUCTURE SUPPORT AGENT  
 MISA APPRENTICESHIP PROGRAMME  
 2019/2020-2022**

**IMPORTANT INFORMATION**

- Please complete in black ink.
- Sections A to F should be completed in full. Incomplete forms will not be accepted. Please note, your application must include the following documents :-
  - Reference number of the applied trade /position
  - Curriculum vitae
  - Certified copies of relevant qualifications
  - Certified copy of the South African identity document
  - Proof of Residential address

**Applications that do not comply will not be considered**

<b>A. POST PARTICULARS</b>														
Programme: MISA Apprenticeship Programme 2019/2020-2022														
Province in which the applicant choose to be placed : (Please refer to MISA/ CoGTA website)														
Name of Municipality : (Please refer to MISA/ CoGTA website)														
State required trade as per advert:														
<b>B. DETAILS OF THE APPLICANT</b>														
Title:							Initials:							
Surname:														
First Name(s):														
Date of Birth:							Are you a SA Citizen:	Yes			No			
ID Number:												Age:		
Please mark the relevant block							Gender:	MALE			FEMALE			
Race:	AFRICAN				WHITE				COLOURED			INDIAN		
Do you have a disability as contemplated by the Employment Equity Act 55 of 1998?									Yes			No		

<b>If yes, specify:</b>				
<b>Do you have a previous criminal offence or pending criminal case(s)</b>			<b>Yes</b>	<b>No</b>
<b>If yes, specify:</b>				
<b>Residential Address:</b>		<b>Postal Address: (If different from Residential address)</b>		
<b>Contact Number:</b>		<b>Alternative Number:</b>		
<b>E-mail Address (If applicable):</b>				

<b>C. LANGUAGE PROFICIENCY- State 'good', 'fair' or 'poor'</b>					
<b>Languages</b>					
<b>Speak</b>					
<b>Read</b>					
<b>Write</b>					
<b>What is your highest standard passed? (attach proof)</b>					
<b>Do you have an additional completed qualification?</b>			<b>Yes</b>		<b>No</b>
<b>If yes, specify: (attach proof)</b>					
<b>Are you currently studying?</b>		<b>Yes</b>		<b>No</b>	<b>If yes, specify.</b>
<b>Qualification:</b>			<b>Institution:</b>		
<b>D. WORK EXPERIENCE (If any)</b>					
<b>Have you previously been employed by the Public Service?</b>			<b>Yes</b>	<b>No</b>	
<b>Have you previously been enrolled into one of the following programmes</b> If yes, put an (x) on the relevant programme					
<b>Learnership</b>					
<b>Apprenticeship</b>					
<b>Experiential Learning</b>					

Employer (Including current employer)	Position held	From		To		Reason for Leaving
		MM	YY	MM	YY	

**E. REFERENCES**

Name	Relationship to you	Contact Number (s)

**F. DECLARATION:**

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 for the apprenticeship being disqualified.

<b>Signature:</b>	<b>Date:</b>
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