



cogta
Department:
Cooperative Governance and
Traditional Affairs
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



WHAT IS THE PURPOSE OF THIS FORM?
To assist AfriCore in selecting a member of the Traditional community for an advertised post.

You need to fill in all sections of this form completely, accurately and legibly. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM?
Member of the traditional community wishing to apply for an advertised position in the Traditional Council Elections.

ADDITIONAL INFORMATION
This form requires important information, applicants are requested to attach additional certified copies of certificates and a CV.

SPECIAL NOTES

* All information will be treated with strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of the applicant, except in so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID.

** This information is required to ensure compliance with the Employment Equity Act.

*** Consideration will be made on criminal record(s) against the job function in line with information security and disciplinary code.

- Application must be accompanied by certified documents with certification that is up to six (6) months.

- This application form must be duly signed and initialed by the applicant. Failure to sign this form may lead to disqualification of the applicant during the selection process.

APPLICATION FOR THE POSITION OF PRESIDING OFFICER			
SECTION A: RESIDENCY			
NAME OF DISTRICT			
NAME OF SUB-DISTRICT			
NAME OF TRADITIONAL COUNCIL			
NAME OF VILLAGE			
SECTION B: PERSONAL INFORMATION*			
FULL NAMES			
SURNAME			
DATE OF BIRTH			
ID NUMBER		<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
RACE**		AFRICAN	COLOURED
		INDIAN	WHITE
DO YOU HAVE A DISABILITY?		YES	NO
HAVE YOU BEEN CONVICTED OR FOUND GUILTY OF A CRIMINAL OFFENCE?*** - IF YES (provide the details)		YES	NO
PLEASE SPECIFY THE TOTAL NUMBER OF YEARS OF EXPERIENCE YOU HAVE.		ELECTIONS	GENERAL

SECTION C: CONTACT DETAILS AND MEDIUM OF COMMUNICATIONS

CELLPHONE NUMBER		EMAIL ADDRESS	
TELEPHONE NUMBER		ALTERNATIVE CONTACT	
PHYSICAL ADDRESS			

SECTION D: SOUTH AFRICAN OFFICIAL LANGUAGE PROFICIENCY - state "good", "fair", or "poor"

LANGUAGES (specify)			
Speak			
Write			
Read			

SECTION E: FORMAL QUALIFICATION (from highest to the lowest)

NAME OF INSTITUTION	NAME OF QUALIFICATION OBTAINED	YEAR OBTAINED

SECTION F: WORK EXPERIENCE (Also attach a detailed CV)

EMPLOYER (including current employer)	POST HELD	FROM	TO	REASON FOR LEAVING

SECTION G: REFERENCES

NAME	RELATIONSHIP TO YOU	TEL. NO. (Office hours)

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 provided will result in my application being disqualified or disciplinary action taken against me if I am appointed:

SIGNATURE:	DATE:
------------	-------