



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION

APPLICATION EXPANDED PUBLIC WORKS PUBLIC WORKS PROGRAMME

A. PERSONAL INFORMATION (please ignore if you have attached a CV with ALL of the following information) ¹

Surname				
First names				
Date of birth				
Identity number ²				
Race ³	African	White	Coloured	Indian
Gender			Female	Male
Do you have a disability? ³			Yes	No
Are you a South African citizen?			Yes	No

B. HOW DO WE CONTACT YOU

Preferred language for correspondence?			
Telephone/Cell Number			
Preferred method for correspondence	Post	E-mail	Fax
Correspondence contact details (in terms of above)			

C. LANGUAGE PROFICIENCY –state 'good', fair, or 'poor'

	Languages (specify)					
Speak						
Read						
Write						

D. QUALIFICATIONS :**School Qualifications :**

Name of School/Institution	Highest qualifications obtained	Year obtained :

E. REFERENCES (please ignore if your have attached a CV with these details) :

Name	Relationship to you	Telephone/Cell Numbers

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 being disqualified or my discharge if I am appointed

Signature:**Date:**