



## agriculture & rural development

Department:  
agriculture  
& rural development  
**PROVINCE OF KWAZULU-NATAL**

### LEARNERSHIP APPLICATION FORM

#### Important Information

- This application does not guarantee that the learner will be accepted
- Section A to F should be completed in full by an applicant. Incomplete forms shall not be accepted
- Required documents to be sent with this application form:
  - Certified copy of Identity Document
  - Certified copy of School report/Matric certificate
  - Letter of application for Learnership

<b>A. POST PARTICULARS</b>													
<b>The name of the Learnership you are applying for (As advertised):</b>													
<b>Reference Number</b>													
<b>B. DETAILS OF THE APPLICANT</b>													
<b>Title</b>				<b>Initials</b>									
<b>Surname</b>													
<b>First Name (s)</b>													
<b>Date of Birth</b>				<b>Are you a SA Citizen</b>				<b>Yes</b>		<b>No</b>			
<b>ID Number</b>										<b>Age</b>			
<b>Please mark the relevant block</b>				<b>Gender</b>				<b>Male</b>		<b>Female</b>			
<b>Race:</b>				<b>African</b>		<b>White</b>		<b>Coloured</b>		<b>Indian</b>			
<b>Do you have a previous criminal or pending criminal case(s)</b>									<b>Yes</b>		<b>No</b>		
<b>If yes, specify</b>													
<b>Do you have a disability, as contemplated by the Employment Equity Act 55 of 1998</b>							<b>Yes</b>		<b>No</b>				
<b>Specify other conditions; if any</b>													
<b>Do you require the assistance of another person (aid) while attending with the theoretical and practical training?</b>							<b>Yes</b>		<b>No</b>				
<b>Tick Nature of the disability</b>													
<b>Deaf</b>		<b>Blind</b>		<b>Hard to hear</b>		<b>Visually Impaired</b>		<b>Loss Speech</b>					
<b>Learning disability</b>			<b>Paralysis/Quadriplegic/Wheelchair bound</b>				<b>Other (Specify below)</b>						

<b>Residential Address:</b> ..... ..... ..... .....	<b>Postal Address: If different from Residential address</b> ..... ..... ..... .....
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<b>Email Address:</b>		<b>Contact Number:</b>	
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**C. Language Proficiency – State 'Good' 'Fair', or 'Poor'**

<b>Languages</b>					
<b>Speak</b>					
<b>Read</b>					
<b>Write</b>					

<b>What level of qualification? (attach proof)</b>	
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<b>Do you have an additional completed qualification</b>	<b>Yes</b>		<b>No</b>	
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<b>If Yes, Specify: (attach proof)</b>	
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<b>Are you currently studying</b>	<b>Yes</b>		<b>No</b>		<b>If yes specify below</b>
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<b>Have you previously undertaken a Learnership?</b>	<b>Yes</b>		<b>No</b>	
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<b>If yes, specify title and code:</b>	

<b>If you are employed, when did you start working?</b>									
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**E. REFERENCES**

<b>Name</b>	<b>Relationship to you</b>	<b>Contact Number</b>

**F. DECLARATION**

**I declare that all the information provided (including any attachments) is correct to the best of my knowledge. I understand that any false information supplied could lead to my application for the Learnership being disqualified.**

<b>Signature:</b> _____	<b>Date:</b> _____
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## INDEMNITY

I, the undersigned..... (full name of learner) do, on behalf of myself, my executors, my assigns, my heirs and all my dependants HEREBY ACKNOWLEDGE AND DECLARE THAT should I, as a result of my attending the Further Education and Training, whether during or in the course of training or not, sustain bodily injury or loss of life, or suffer any damage whatsoever to my property, as a result of the use of transport or if caused by animals or implements or other learners or as a result of any cause whatsoever and under any circumstances whatsoever, whether or not such injury or loss or damage may arise out of or may have any connection with any negligence, failure or incompetence on the part of any employee or officer of the State or persons acting on instructions from an officer of the State shall not be liable to me, my assigns, my heirs, my executors or dependants in respect of such injuries, loss of life or damage, as aforesaid; AND on behalf of myself, my executors, my assigns, my heirs and all my dependants I DO HEREBY INDEMNIFY, HOLD HARMLESS AND ABSOLVE the State, its officers and employees, and persons acting on instructions from an officer for the State against and from any claim or damage whatsoever and legal expenses of costs including attorney and client cost, which may arise out of my attending the Further Education and Training ( as aforesaid, which damage, expenses, or costs may be claimed by any person whatsoever.

**SIGNED AT .....**

**ON THIS..... DAY OF..... (MONTH & YEAR)**

**SIGNATURE OF APPLICANT / PARENT / GUARDIAN**

**WITNESS 1**

..... **DATE .....**

**WITNESS 2**

..... **DATE .....**

### FOR OFFICE USE ONLY

- Completed and signed Application from
- Certified copy of Identity Document
  - Certified copy of School report / Matric certificate
  - Letter of application for Learnership

Yes	No
Yes	No
Yes	No

Complete:

<b>Yes</b>	<b>No</b>
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If incomplete: outstanding information requested: Date:

Yes	No
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