MUNICIPAL INFRASTRUCTURE
SUPPORT AGENT

Today, Creating a Better Tomorrow

Letaba House, Riverside Office Park, 1303 Heuwel Avenue, Centurion, 0046, Private Bag X105, Centurion, 0046, Tel: 012-848-5300

MISA APPRENTICESHIP AND EXPERIENTIAL LEARNERSHIP SKILLS DEVELOPMENT PROGRAMME
APPLICATION FORM

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 discipline/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**

A. POST PARTICULARS																			
Programme:																			
Province in which the applicant chooses to be placed: **(Please refer to MISA / COGTA website)**																			
Name of Municipality : **(Please refer to MISA / COGTA website)**																			
State required discipline / trade as per advert:																			
B. DETAILS OF THE APPLICANT																			
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
If yes, specify:					
Do you have a previous criminal offence or pending criminal case(s)				Yes	No
If yes, specify:					
Residential Address:			Postal Address: (If different from Residential address)		
Contact Number:			Alternative Number:		
E-mail Address (If applicable):					

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

Apprenticeship		**relevant programme)**				
Experiential Learning						

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 Experiential Learnership and Apprenticeship Skills Programme being disqualified.

Signature:	**Date:**