



APPLICATION FOR ENROLMENT

(Please be advised that this is not a Z83 application form for employment)

Applicant to complete Parts A, B & C

Applicant to ensure all requirements are met and evidence attached according to Part D

Part E is for College administration use only

| | |
|-----------------------------------|---------------|
| LEARNING PROGRAMME DETAILS | PART A |
|-----------------------------------|---------------|

Learning Programme:
(Tick the appropriate block)

| | | | | | |
|---------------------------|--|-------------------------------|--|--------------------------------|--|
| Traffic Officer | | Examiner for Driving Licenses | | Examiner of Vehicles | |
| Traffic Officer Refresher | | Traffic Warden Training | | Other training (Specify Below) | |
| | | | | | |
| | | | | | |

Learning Programme date:
(Dates to be supplied by GLTC)

| | | | | | | | | | | | | | | | | | | | | | | |
|------|---|---|--|--|---|--|--|--|---|--|--|--|----|---|---|--|--|---|--|--|---|--|
| FROM | 2 | 0 | | | - | | | | - | | | | TO | 2 | 0 | | | - | | | - | |
|------|---|---|--|--|---|--|--|--|---|--|--|--|----|---|---|--|--|---|--|--|---|--|

| | |
|------------------------------|---------------|
| APPLICANT INFORMATION | PART B |
|------------------------------|---------------|

Surname:

Full names:

Date of Birth:

ID No:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Residential Address:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Physical address during training:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Gender:

(Tick the appropriate block)

| | | | |
|------|--------------------------|--------|--------------------------|
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|

Telephone No:

| | | | | | | | | | | | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Home | | | | | | | | | | | | | | | | | | | |
| Work | | | | | | | | | | | | | | | | | | | |
| Cell | | | | | | | | | | | | | | | | | | | |

E-mail

Highest Educational Qualification

(Copy attached) – Original to be produced upon commencement of training at institution

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Have you ever been convicted of a criminal offence?

(Tick the appropriate block)

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If the answer above is yes, please provide the year of conviction:

Applicant's Driving Licence:

(Copies attached) – Originals to be produced upon commencement of training at institution

| | |
|--|--|
| | |
| | |

DECLARATION BY APPLICANT:

1. I, _____
(Full names and surname of applicant), hereby declare that the information as mentioned in application is correct.
2. I understand that if any of the information provided is proven to be incorrect, the Gene Louw Traffic College maintains the right to discontinue my participation in the learning programme.
3. I also understand that my fingerprints will be taken and a SA Police clearance done on my arrival at the Gene Louw Traffic College and the outcome thereof may influence my participation in the learning programme. (Applicable to Traffic Officer Course)
4. I, declare that I am in a fit and healthy condition and have no objections to participate in any physical activities at the Gene Louw Traffic College if relevant to the curriculum of the learning programme attended.
5. I, indemnify the Gene Louw Traffic College and its personnel from any legal claims due to my death, injury, damages or losses incurred by myself during any training or whilst I am in or on the premises of the Gene Louw Traffic College.
6. I, agree to obey, as a condition for admission, all rules and instructions expected from me at the training Institution.
7. I, agree to compensate the Gene Louw Traffic College for any damages or losses caused by my negligence to the property/persons during training.

Signed on the _____

(date) at _____ (place)

Applicant's Signature: _____

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Employer:
 (Name of Provincial/Local Authority/Other)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Postal Address of Employer:

Name of Contact Person (Employer):

Current Position:

Contact Details: Tel.
 Fax.
 Cell.

E-mail:

Appointment date/Commencement date of employment:

DECLARATION BY EMPLOYER:

I, _____
 (Full names and surname of applicant's supervisor), hereby declare that the information mentioned is correct.

I further declare that the applicant is in the employment of _____
 (Name of Employer)

I further declare that I am aware of the uniform requirements of the applicant and take full responsibility for the purchase and issue of said uniform if applicable.

Signed on the _____

(date) at _____ (place)

Employer's Signature: _____

Certified copies of the following documents MUST be attached to application PRIOR TO ADMISSION:

1. Highest Educational Qualification
(Traffic Officer Training - Minimum Grade 12 or equivalent NQF Level 4 qualification)
(EOV - Minimum Grade 10 and EDL - Minimum Grade 12)
2. Driving Licenses
3. Identity Document
4. Only 365 SAPS Criminal Record Certificate from SAPS National database will be accepted.
5. Medical certificates as proof that a person may do strenuous exercise if applicable
6. Signed letter from Municipal Manager/Local Authority Manager/ Other as proof of Employment
7. Copy of the employment contract (Signed by both the applicant and employer).
8. Strictly electronic transfers or bank guaranteed cheques in respect of payment of fees.
9. No cash or personal cheques will be accepted
10. For EOV/EDL add - Testing station registration certificate

Official use only

Applications which does not conform to any of the above mentioned criteria including incomplete application forms will not be considered

Learning Programme No.

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Application Conforms to criteria

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

Application to attend the learning programme indicated is recommended.

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

Administration Clerk

_____ (Initials and Surname)

Date: _____

Signature: _____

Application:

| | | | |
|----------|--|--------------|--|
| Approved | | Not Approved | |
|----------|--|--------------|--|

Comment
(If Not Approved)

Head of Component

_____ (Initials and Surname)

Date: _____

Signature: _____

