



LETSEMA LEARNERSHIP APPLICATION FORM FINANCIAL SERVICES ADVICE LEARNERSHIP

Please note that there are <u>NO COSTS</u> involved in the application for or participation in this Learnership

(Applicants are responsible for their own travel and accommodation costs related to the recruitment process)

All application forms must be returned to Kelly:

<u>Area</u>	Physical Address	<u>Fax Number</u>	Email Address
Central Hub	Ground Floor, 6 Protea Place (cnr Fredman Drive), Sandton	088 170 0411	letsema.application@kelly.co.za
Johannesburg	g 6 th Floor, 132-134 Fox Street, Johannesburg CBD	088 170 0412	letsema.JHB@kelly.co.za
Pretoria	1st Floor MBA Building, c/o Church & Hamilton Streets, Pretoria	088 170 0413	letsema.PTA@kelly.co.za
Vereeniging	Shop 142A, Vaal Mall, Cnr Rossine & Barrage Boulevard, Vanderbijlpark	088 170 0413	letsema.Vaal@kelly.co.za
Free State	Cnr Henry Street and First Avenue, Loch Logan Waterfront	088 170 0414	letsema.Freestate@kelly.co.za
KZN	39/41 Florida Road, Morningside Durban	088 170 0414	letsema.KZN@kelly.co.za
Eastern Cape	1 st Floor, Block C, Metropolitan Office Park, Greenacres	088 170 0415	letsema.EC@kelly.co.za
Western Cape	e 8th Floor, Pinnacle Building, Cnr Burg and Strand Street, Cape Town	088 170 0415	letsema.WC@kelly.co.za
Mpumalanga	3 rd Floor, Pinnacle Building, 1 Parkin Street, Nelspruit	088 170 0415	letsema.MP@kelly.co.za

CLOSING DATE: 31 August 2010

Johannesburg	North West Klerksdorp / Potch / Rustenburg	Eastern Cape	100000000000000000000000000000000000000	Mpumalanga Nelspruit / Witbank	
Pretoria	Free State Bloemfontein	Northern Cape		Limpopo Polokwane	
Vereeniging	Kwa-Zulu Natal ^{Durban}	Western Cape			

PERSONAL INFORMATION AS PER IDENTITY DOCUMENT

TITLE (MR, MRS/MS/etc)	RSA IDEN	TITY NUMBER			
INITIALS	MAIDEN N	AME (Married woma	an)		
SURNAME (AS PER ID)		Your "KN AS" Nam	-		
FIRST NAMES IN FULL (AS PER ID)					
RACE	GENE	DER: MALE	FEMAL		
DATE OF BIRTH Day	Month Year		Age on 1 I	February 2011	
Definition of Disability : a physical or mental impairment which is long term or recurring, e.g. hearing impairment, visual impairment, rheumatoid arthritis, multiple sclerosis, etc.					
Do you have a permane	ent disability?	YES / NO			
If YES, specify disability and attach a medical certificate:					

LAST SENIOR SECONDARY SCHOOL ATTENDED

SCHOOL	FROM	то
YEAR MATRICULATED		

MATRIC/STD.10/GR.12 - SUBJECTS	HG/SG / LEVEL	%
ENGLISH		
MATHEMATICS / MATHS LITERACY		
ACCOUNTING		
Other		

PLEASE PROVIDE VALID CONTACT DETAILS TO AVOID BEING DISQUALIFIED

PHYSICAL ADDRESS (Street Address)				
PROVINCE		POST	CODE	
HOME TELEPHONE NUMBER	AREA CODE	N	IUMBER	
CONTACT NUMBER OF PERSON STAYING WITH YOU	AREA CODE J	N	IUMBER	
CELLULAR NUMBER	NUMBER			
E-MAIL ADDRESS and/or FAX	NO.			
EMPLOYMENT HISTORY FULL TIME; PART TIME; TEMP LEARNERSHIPS; BUSINESS O			U ARE APPLYING AND WH E SELECTED FOR THE LEA	
WHERE DID YOU HEAR ABOU	IT THE LEARNERSHIP?			
Newspaper / Advertisement	School /	University	Family / Friend	
Someone in the banking sector	Departm	ent of Labour	Other	

I DECLARE THE FOLLOWING	YES / NO	
I am currently unemployed.		
I am a South African Citizen with full SA citizenship.		
I am under the age of 30.		
I have passed matric with Accounting, Maths Literacy/ Mathematics, and a 60% pass in English		
I am not currently registered as a student (part or full-time) at a tertiary institution.		
I do not have a criminal record or pending criminal record.		
I have a clear credit record.		
I do not know of any reason that will prevent me from attending all the required training sessions or influence my attendance at work or from completing the learnership successfully in the period specified (year starting 1 February 2011).		
I have not participated in previous learnerships during the last three years.		
I declare that the above is true and correct. I understand that any false information will au disqualify me from being part of the Letsema Learnership. Signature Date	utomatically	

RULES FOR APPLICATION	YES/NO
1. Application forms that are incomplete will be disqualified.	
2. Invalid or incorrect contact details automatically disqualify the applicant.	
 3. The following certified documents MUST be attached to this application or applicant will be disqualified: CERTIFIED COPY of Identity Document (Commissioner of Oaths at police station) 	
- CERTIFIED COPY of Testimonial	
 CERTIFIED COPY of Senior Certificate/Equivalent Certificates in the case of learners with disabilities 	
- DISABLED LEARNERS : Attach a medical certificate	
Do not send original documents, attach certified copies.	
4. Applicants must have the following subjects their Matriculation examinations:- English, Accountancy and/or Mathematics/Maths Literacy	
5. Applicants with a qualification higher than a 1 year post matric certificate will be not be considered.	
 Applicants involved in other studies or planning to study from January 2011 to December 2011 will be not considered. 	
7. Applicants must be unemployed, under the age of 30 at the start of the learnership.	
8. Applicants must not have any immediate prospects of being employed.	
9. Successful applicants must be available to commence learnership 1st February 2011.	
10.Successful applicants will be placed in a centre <u>near to the address provided</u> on this application form. No transfers will be allowed thereafter.	
11. Applicants must be South African Citizens with full SA citizenship.	
12.TO AVOID DUPLICATIONS, PLEASE APPLY ONLY ONCE!	
I declare that I am aware of the rules of this application and that I understand them. I declare that the is supplied in this application is true and correct. I understand that any false information will automatically distrom being part of the Letsema Learnership.	

Signature

Date _____



Telephone

011 269 8858

www.bankseta.org.za