



ID PHOTO

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ENLISTMENT AS POLICE TRAINEE:
2013/2014

SURNAME		INITIALS						
PROVINCE OF RESIDENCE (TICK THE APPROPRIATE BLOCK)								
GAUTENG	LIMPOPO	MPUMALANGA	NORTH WEST	FREE STATE	WESTERN CAPE	EASTERN CAPE	NORTHERN CAPE	KWAZULU-NATAL
THE NEAREST POLICE STATION TO YOUR RESIDENCE								
<p>YOU ARE ADVISED TO APPLY FOR POSTS IN YOUR PROVINCE AND A POLICE STATION CLOSEST TO YOUR PLACE OF RESIDENCE. (YOU MAY APPLY FOR A MAXIMUM OF THREE POLICE STATIONS CLOSEST TO YOUR RESIDENCE)</p>								
<p>PREFERRED STATION TO BE CONSIDERED FOR: (REFERENCE NUMBER TO BE OBTAINED FROM THE ADVERTISEMENT) INFORMATION ALSO AVAILABLE AT WWW.SAPS.GOV.ZA OR REFER TO ADVERT)</p>								
PREFERENCE	POLICE STATION			REFERENCE NUMBER (AS STATED IN THE ADVERTISEMENT)				
1 ST CHOICE								
2 ND CHOICE								
3 RD CHOICE								

CURRENT EMPLOYER AND POST THAT YOU OCCUPY

EMPLOYER		POST	
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LANGUAGE PROFICIENCY — SPECIFY LEVEL: GOOD/FAIR/POOR				
ENGLISH	(1) ENGLISH	(2)	(3)	
SPEAK				
WRITE				
READ				
HIGHEST SCHOOL QUALIFICATION:				
YEAR OBTAINED:		SCHOOL/INSTITUTION:		
TERTIARY QUALIFICATION:				
YEAR OBTAINED:		INSTITUTION:		
ARE YOU PHYSICALLY OR MENTALLY DISABLED? (SPECIFY)			YES	NO
ARE YOU IN GOOD HEALTH?				
PHYSICALLY	YES	NO	MENTALLY	YES NO
IF YOUR ANSWER TO ANY OF THE ABOVE IS NO, SPECIFY				
ANY OTHER COMMENT(S) CONCERNING YOUR HEALTH				
HAVE YOU EVER BEEN EMPLOYED BY A GOVERNMENT DEPARTMENT?			YES*	NO
*SPECIFY:	DEPARTMENT:		PERSAL NUMBER:	
HAVE YOU EVER BEEN DISCHARGED FROM A GOVERNMENT DEPARTMENT OR PREVIOUS EMPLOYER?			YES	NO
IF YES, SPECIFY:				
HAVE YOU EVER BEEN FOUND GUILTY OF A CRIMINAL OFFENCE? (IF YES, SPECIFY)			YES	NO
IF YES, SPECIFY THE FOLLOWING:				
CASE NUMBER:	NAME OF POLICE STATION:		OFFENCE (EG, ASSAULT):	
SENTENCE IMPOSED: (MARK ONE WITH AN "X")				
IMPRISONMENT PERIOD: (EG, TWO YEARS)	SUSPENDED PERIOD: FROM (DATE) TO (DATE)		ADMISSION OF GUILT AMOUNT: R.....	
CASE WITHDRAWN DATE:	CASE PROVISIONALLY WITHDRAWN DATE:			
HAVE YOU EVER BEEN DECLARED INCOMPETENT TO POSSESS A FIREARM? (IF YES, SPECIFY)			YES	NO

B. HOW DID YOU LEARN ABOUT CAREER OPPORTUNITIES IN THE SAPS?

(PLEASE MARK WITH AN "X". THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY)

ON VISIT TO/BY THE SAPS CAREER CENTRE		ADVERTISEMENT IN THE MEDIA	
DO YOUR DETAILS APPEAR IN PART B OF THE NATIONAL CHILD PROTECTION REGISTER (SECTION 126 OF THE CHILDREN'S ACT, 2005 (ACT NO 38 OF 2005) OR THE NATIONAL SEX OFFENDERS REGISTER (SECTION 42 OF THE CRIMINAL LAW (SEXUAL OFFENCES AND RELATED MATTERS) AMENDMENT ACT, 2007 (ACT NO 32 OF 2007))? IF YES, THE DETAILS MUST BE ATTACHED.	YES	NO	
HAVE YOU EVER BEEN REFERRED TO A PSYCHIATRIC HOSPITAL IN TERMS OF SECTION 77(6) OR FOUND NOT TO HAVE HAD THE NECESSARY CRIMINAL CAPACITY AND REFERRED TO A PSYCHIATRIC HOSPITAL IN TERMS OF SECTION 78(6) OF THE CRIMINAL PROCEDURE ACT, 1977 (ACT NO 51 OF 1977)? IF YES, THE DETAILS MUST BE ATTACHED.	YES	NO	
IF YES, SPECIFY THE FOLLOWING:			
CASE NUMBER:	NAME OF THE POLICE STATION:	OFFENCE:	
IS THERE ANY CRIMINAL, CIVIL OR DISCIPLINARY ACTION PENDING AGAINST YOU? (IF YES, SPECIFY)		YES	NO
DO YOU HAVE ANY TATTOOS?		YES	NO
IF YES, SPECIFY (appearance, which part of the body, etc):			

C. DETAILS OF REFERENCES (NOT RELATIVES)

NAME AND ADDRESS		NAME AND ADDRESS	
POSTAL CODE		POSTAL CODE	
TEL (HOME)		TEL (HOME)	
TEL (WORK)		TEL (WORK)	
CELL		CELL	

D. DETAILS OF NEXT OF KIN (RELATIVES)

NAME AND ADDRESS		NAME AND ADDRESS	
RELATIONSHIP (EG, MOTHER)		RELATIONSHIP (EG, FATHER)	
POSTAL CODE		POSTAL CODE	
TEL (HOME)		TEL (HOME)	
TEL (WORK)		TEL (WORK)	
CELL		CELL	

E. IF EMPLOYED, DESCRIBE THE FUNCTIONS THAT YOU PERFORM IN YOUR CURRENT POST

F. CERTIFICATE

1. I am applying to become a police trainee in the South African Police Service. I am aware of the fact that only a limited number of trainees will be recruited and that no promises have been made to me about an appointment or posting in the South African Police Service.
2. On successful application, I will perform my duties as a member of the South African Police Service to the best of my abilities and will abide by the provisions of the South African Police Service Act, 1995 (Act No 68 of 1995) and Regulations. I will also obey any lawful order or instruction issued in terms of these Regulations.
3. I am aware of the fact that -
 - 3.1 any false information provided will lead to my application being rejected
 - 3.2 the National Commissioner is under no obligation to fill an advertised post
 - 3.3 I will have to submit myself for any medical or other tests that are a requirement for the post and may be required to finalize my application for an appointment
 - 3.4 I have to provide full particulars concerning obligations to employers and debts if my application receives further consideration
 - 3.5 the South African Police Service will verify my residential address, qualifications and citizenship
 - 3.6 reference checks will be conducted on all shortlisted applicants
 - 3.7 if my application does not meet the requirements stipulated in the advertisement, my application will be rejected
 - 3.8 I may be subjected to a **security clearance**
 - 3.9 interviews with shortlisted applicants will take place on the date, time and place determined by the interviewing panel
 - 3.10 I will be subjected to a vetting process in terms of the National Strategic Intelligence Act, 2002 (Act No 67 of 2002) (as amended) and prescripts of the Sexual Offences Act, 2007 (Act No 32 of 2007) and the Children's Act, 2005 (Act No 38 of 2005). If my name appears on either one of the National Register for Sex Offenders/National Child Protection Register, the appointment will not be considered and deemed as null and void
 - 3.11. I take note of the fact that application forms and employment are not for sale and any payment offered by me or promises provided in this regard will be investigated and may lead to criminal prosecution. I may report such incidents to the National Anti-Corruption Hotline at 0860130860
 - 3.12. I was also informed that the names of candidates being considered will be published in the media for public comment as part of the community-based recruitment approach
 - 3.13. as part of the selection process, a "grooming camp", which will serve as a final step in the selection phase, will be conducted.

4. I certify that all the information supplied by me on this application/statement was made in my own handwriting and words, and that it is in all respects correct and true.

*Delete which is not applicable, initial and date.

- I know and (understand/do not understand) the content of this statement (application form).
- I (object/have no objections) to taking the prescribed oath.
- I (consider/do not consider) the prescribed oath to be binding on my conscience.
- I affirm/swear that the content of this statement (application form) is true.

DATE:

PLACE:

.....
SIGNATURE OF APPLICANT

I certify that the deponent has acknowledged that he/she knows and understands the content of this statement which was sworn to/affirmed before me and the deponent's signature was put on it in my presence.

ON THE DAY OF (MONTH) 201.. AT (TIME) :

PLACE:

.....
SIGNATURE OF COMMISSIONER OF OATH

FULL NAME AND SURNAME

S.A. POLICE SERVICE

RANK

DATE

S. A. POLICE SERVICE

FORM NOT FOR SALE



CONFIRMATION OF RESIDENTIAL ADDRESS

SECTION A:
TO BE COMPLETED BY THE APPLICANT

A. APPLICANT FOR ENLISTMENT	
SURNAME AND INITIALS:	
IDENTITY NUMBER:	
RESIDENTIAL ADDRESS:	
SIGNATURE:	

SECTION B: TO BE COMPLETED BY THE LANDLORD OF APPLICANT'S PHYSICAL RESIDENTIAL ADDRESS

B. LANDLORD CONFIRMING APPLICANT'S RESIDENCE	
SURNAME AND INITIALS:	
IDENTITY NUMBER:	
RESIDENTIAL ADDRESS:	
I CONFIRM THAT THE APPLICANT, AS INDICATED IN SECTION A OF THIS FORM, RESIDES WITH ME AT THE RESIDENTIAL ADDRESS INDICATED BY ME.	
THE FOLLOWING PROOF OF RESIDENCE IN MY NAME IS ATTACHED FOR EASE OF REFERENCE: * PLEASE MARK WITH AN "X" AND/OR SPECIFY	
ELECTRICITY ACCOUNT*	TELEPHONE ACCOUNT*
LETTER FROM NKOSI/INDUNA* (RURAL AREAS)	OTHER - PLEASE SPECIFY*:
SIGNATURE:	

SECTION C: TO BE COMPLETED BY THE POLICE STATION'S REPRESENTATIVE

C. RESIDENTIAL ADDRESS WAS VERIFIED	
SURNAME AND INITIALS:	
PERSAL NUMBER:	
DATE:	
TIME:	
COMMENTS (IF ANY):	
SIGNATURE:	