

ID No:



# correctional services

Department  
Correctional Services  
**REPUBLIC OF SOUTH AFRICA**

**DCS Learnership**

**In collaboration with**

**SASSETA**

**APPLICATION FOR ADMISSION TO A LEARNERSHIP IN DCS**

FOR OFFICE USE ONLY		
DATE RECEIVED	EVALUATION	APPROVAL/DISAPPROVED
	Comments:	Comments:
	By:	By:
	Date:	Date:

ID No:

**IMPORTANT INFORMATION**

Please read this information carefully before completing the application form.  
**INFORMATION**

1. The application form must be completed in full as indicated on the form. Incomplete applications will not be considered.
2. The completed application will be evaluated against the entry requirements for the specific learnership. Please ensure that you comply with these requirements at the time of application.
3. The applicant should presume that he/she has not been successful if she has not been contacted after three months immediately after the closing date.
4. A successful applicant will be required to sign a Learnership Agreement with an Employer and a Training Provider. This agreement will be signed at the specific area where the applicant has been recruited e.g. Management Area.
5. The following documents **MUST** accompany this application:
  - a. A certified copy of the applicant's Identity Document.
  - b. Certified copies of all qualifications listed in these applications.
  - c. There may be specific requirements attached to specific Learnership. Please ensure that you comply with these requirements.
6. The Applicant in this learnership is not an employee of the Employer, and a special learnership agreement shall be signed once the applicant has been approved. The terms and conditions of such a contract must comply with the minimum standards set out in **Sectoral Determination No 5: Learnership**, as determined in terms of the Basic Conditions of Employment Act, 75 of 1997.



## DCS Learnership Application Form

A. POST PARTICULARS												
The name of the learnership you are applying for (as advertised)	Region in which the learnership workplace training shall take place											
Reference number	Management Area where the learnership workplace training shall take place											
B. DETAILS OF THE LEARNER WHO APPLIED TO BE ON LEARNERSHIP												
Title: Mr/Mrs/Ms												
Surname												
First Name(s)												
Date of Birth												
ID number												
Race	African			White			Coloured			Indian		
Gender	FEMALE		MALE									
Do you have a disability, as contemplated by the Employment Equity Act 55 of 1998? If Yes Specify	YES	NO										
Do you have a previous criminal offence or pending criminal case(s)	YES	NO										
Residential address												
Province												
Telephone number	(Home)											
	(Cellphone)											
Postal address (if different from residential address)												
E-mail address												

C. LANGUAGE PROFICIENCY - state 'good', 'fair' or 'poor'						
<b>Languages</b>						
Speak						
Read						
Write						

Are you a South African citizen? (If no, specify and attach documents indicating your status, for example: permanent residence, study permit, etc.)	YES	NO	
What is your highest standard/ grade/ vocational studies/ certificate passed (Attach proof please)			
Do You have an additional completed qualification (diploma, certificate, degree) from an institution of higher learning? If yes (specify and provide proof)	YES	NO	
Are you currently studying? (Institution and qualification) If yes, where and what	YES	NO	

**D. WORK EXPERIENCE (if any):**

Were you once employed by the Public Service?	YES		NO			
Employer (including current employer)	Post held	From		To		Reason for Leaving
		MM	YY	MM	YY	

**E. REFERENCES**

Name	Relationship to you	Contact Number

**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 learnership being disqualified.*

Signature: _____	Date: _____
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