



**Tooling Manufacturing Industry
(tool, die and mould making)**

**TDM-Powered Application for:
FOUNDATION PROGRAMME (1 year)
APPRENTICESHIP PROGRAMME (3 years)**

Minimum Entry Requirements: Grade 12 / NCV4 / N3
Including subjects: Mathematics, Science and English

We appreciate your assistance in ensuring that required information is complete.

Return your application to:

Postal Address: P O Box 35497,
Menlo Park, Pretoria
0102
Fax: 086 641 6848
Email: info@tdmpowered.co.za

Closing date : _____

For further enquiries please contact the TDM Powered office at: 071 675 3551

<i>FOR OFFICE COMPLETION ONLY</i>	
TRAINING SITE	DATE RECEIVED



TDM Powered Programme

APPLICATION FORM

GENERAL INFORMATION AND INSTRUCTIONS

- Please complete the form in **black ink** and use **capital letters**. Mark with an “**X**” when required
- The application form must be signed by the applicant and the legal guardian, if applicant is younger than 18 years
- Please make sure the following are submitted with your application

Document (<i>Please submit certified copies</i>)	<i>For Office Use Only</i> Check and Tick if Submitted
ID Document	
Statement of results of:	
• National Senior Certificate (NSC) Gr. 12	
• National Certificate Vocational (NCV) Level 4	
• NATED Qualification (N) 3	
Other Diploma/Certificate – Results Statement	
Letter of Interest (Section E Completed)	
Referral Letter (Section F - Student OR Incumbent)	

PLEASE INDICATE WITH AN “X”

INCUMBENT

(Somebody working in the Manufacturing industry)

PROSPECTIVE STUDENT

Choose one option



FOUNDATION PROGRAMME (1 year).....

APPRENTICESHIP PROGRAMME (3 years).....

SECTION A: PERSONAL INFORMATION

FIRST NAME		SURNAME	
DATE OF BIRTH	IDENTITY DOCUMENT No.	AGE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS:		POSTAL CODE:	PROVINCE
HOME PHONE: ()		CELL PHONE:	EMAIL:
ETHNIC GROUP (MARK ONE) <input type="checkbox"/> AFRICAN <input type="checkbox"/> COLOURED <input type="checkbox"/> INDIAN <input type="checkbox"/> WHITE			
CITIZENSHIP <input type="checkbox"/> SOUTH AFRICA <input type="checkbox"/> OTHER (SPECIFY)			
MOTHER TONGUE			
MARITAL STATUS (MARK ONE) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPERATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
DO YOU HAVE A CAR <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes attach driver's license)			

PARENT/GUARDIAN DETAILS

CONTACT DETAILS	PHYSICAL ADDRESS (Not a Postal Box number)
Name:	
Tel & Cell No.:	
Email:	

RELATIVE CONTACTS (NOT LIVING WITH YOU)

RELATIONSHIP:	PHYSICAL ADDRESS (Not a Postal Box number)
Name:	
Tel & Cell No.:	
Email:	

SECTION B: EDUCATION

WHAT IS YOUR HIGHEST SCHOOL QUALIFICATION PASSED? 6 7 8 9 10 - STANDARD

WHAT IS YOUR HIGHEST SCHOOL QUALIFICATION PASSED? 8 9 10 11 12 – GRADE

WHAT IS YOUR HIGHEST NATED QUALIFICATION PASSED? N1 N2 N3 N4 N5 N6 - NATED QUALIFICATION

WHAT IS YOUR HIGHEST NCV QUALIFICATION PASSED? NCV2 NCV3 NCV4 - NCV QUALIFICATION

NAME OF SCHOOL/ INSTITUTION ATTENDED RELATED TO YOUR HIGHEST QUALIFICATION :

(Please attach copy of the latest statement of results)

POST SCHOOL EDUCATION

NAME OF INSTITUTION	LOCATION	FROM	TO	STUDIES COMPLETED	MAJOR SUBJECTS

OTHER PROFESSION CERTIFICATE

TITLE

SECTION C: HEALTH

ARE YOU TAKING ANY MEDICATIONS? YES NO

DO YOU HAVE ANY HEALTH PROBLEMS OR DISABILITY THAT WOULD AFFECT YOU WORKING ON CERTAIN JOBS?

YES NO

If yes, please supply full details: _____

HAVE YOU EVER BEEN DIAGNOSED FOR A LEARNING DISABILITY? YES NO

If yes, please supply details: _____

SECTION D: WORK HISTORY

ARE YOU WORKING NOW? NO YES

LIST YOUR WORK EXPERIENCE COMPLETELY STARTING WITH YOUR MOST RECENT JOB

COMPANY NAME	DATES OF EMPLOYMENT	JOB TITLE AND DUTIES	REASONS FOR LEAVING

SECTION E: STUDENT INTEREST FORM

This section consists of two (2) parts. Complete ALL sections.

PART 1: How will you successfully plan – COMPULSORY

PART 2: Letter of interest – COMPULSORY

(a) Student *or*

(b) Incumbent

PART 1

1. HOW WILL YOU SUCCESSFULLY PLAN FOR THE FOLLOWING:

1.1. Balancing study time into your daily activities

1.2. Commitment to be on time and attend all training sessions

1.3. Commitment to complete this training

1.4. Transportation to the training centre

PART 2

2. USE THE FOLLOWING QUESTIONS TO COMPLETE YOUR LETTER OF INTEREST FOR THE TDM POWERED APPRENTICESHIP PROGRAMME.

- Why are you interested in the programme?
- What related skills and experience do you bring to the field?
- What do you feel makes you stand out from other individuals?
- What drives your passion to pursue this programme?
- Attempt to persuade us why you are an excellent candidate for this training opportunity.

SECTION F - 1: REFERRAL FORM

Student Applications

This form must be submitted by all applicants who are NOT currently employed and must be completed by an authorised person

Applicant you are referring:

Referral's Name:

Organisation/Institution:

Relationship to Applicant:

Phone:

Email:

1. Indicate how long and how well you know the applicant:

2. Comment on your knowledge of the applicant's ability to arrange for:

a. Reliability/ time commitment for this training (attendance, meeting, deadlines):

b. Ability of applicant to make plans and review them:

3. Please comment on skills/abilities which are strength of the applicant:

a. Highly motivated:

b. Quick learner:

c. Mathematical skills:

d. Leadership skills:

e. Other:

4. How well does the applicant speak, read and write English? (1 = Poor, 2 = Fair, 3 = Good)

ENGLISH	1	2	3
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SCHOOL/ORGANISATION OFFICIAL STAMP
AND SIGNATURE**

5. Other factors to be considered in selecting this applicant:

SECTION F - 2: REFERRAL FORM

Incumbent Applications

This form must be submitted by all applicants who currently employed and must be completed by an authorised person

Applicant you are referring:

Supervisor / Manager Name and Title:

Company:

Phone:

Email:

1. Applicant's current title:

Service at current employer (Years)

2. Indicate how long and how well you know the applicant:

3. Comment on your knowledge of the applicant's history / ability to arrange for:

a. Time commitment for this training:

b. Reliability (attendance, meeting deadlines):

c. Transportation:

d. Child/Family Care:

4. Please comment on interests / abilities which are strengths of the applicant:

a. Strong work history:

b. Highly motivated:

c. Quick learner:

d. Technical related skills / abilities:

5. How well does the applicant speak, read and write English? (1 = Poor, 2 = Fair, 3 = Good)

ENGLISH 1 2 3

Speak

Read

Write

ORGANISATION OFFICIAL STAMP AND SIGNATURE

6. Reasons for selecting this applicant to participate in the programme:

LEGAL UNDERTAKING

I am committed to drug free policy programme YES NO

I am willing to take part in random drug tests YES NO

Are you currently busy with any other studies or training? YES NO (If YES provide detail)

The information I have provided on this application is true to the best of my knowledge. I agree that the information on this form may be shared among TDM Powered agencies in order to help me find employment or training. My consent begins on the date I sign this form.

Applicant Signature

Date

Herein assisted as far as may be necessary while the applicant or student is still under age of eighteen years.

I _____ the undersigned, hereby admit that I am Parent/Guardian.

PARENT/GUARDIAN SIGNATURE

DATE