

HUMAN RESOURCE DEVELOPMENT: SKILLS DEVELOPMENT: Steve Vukile Tshwete Complex, Zone 6, Zwelitsha, 5608, Private Bag X0032, Bisho, 5605: REPUBLIC OF SOUTH AFRICA: Enquiries: Mr M. Ncapayi/Mrs N. Mkosi Tel: +27 (0)40 608 4340 Fax: 040 608 4690, Website: ecprov.gov.za .

**Special Needs Learnership Application Form 2017 (Unemployed Youth)**

YEAR: 2017

**PART A: PERSONAL DETAILS**

District/Town : \_\_\_\_\_  
 Surname : \_\_\_\_\_  
 First Names : \_\_\_\_\_  
 Subject passed at Matric or NQF Level \_\_\_\_\_  
 Year of completion of studies: ..... (the actual year)

Teacher Assistants	Teacher Assistants
<ul style="list-style-type: none"> <li>• Matric with the following achievements per subject:               <ul style="list-style-type: none"> <li>• English level 4</li> <li>• Maths level 3/ Maths Literacy level 5</li> <li>• Additional language level</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Matric or NQF Level 4 qualification in the following fields:               <ul style="list-style-type: none"> <li>• Mechanical Technology-Welding</li> <li>• Service/ Civil Technology- Woodworking and Timber</li> <li>• Civil Technology- Plumbing</li> <li>• Consumer Studies- Sewing</li> <li>• Hospitality Studies</li> </ul> </li> </ul>

Date of birth: 

Y	Y	M	M	D	D
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 ID Number: 

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Age: .....

GENDER: (Tick ✓): 

Male	Female
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RACE: 

AFRICAN	COLOURED	INDIAN	WHITE	OTHER
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DISABILITY: 

YES	NO
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 If Yes, state nature: \_\_\_\_\_

TELEPHONE:

Work: Code 

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 Number 

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Home: 

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Cellular No.: 

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**PART B: WORKSTATION INFORMATION**

**ADDRESS**

Work (Institution -Full Service School applied for and District):

Home:

**PART C: BURSARY INFORMATION**

Have you obtained a bursary from the Public Service before? Yes  No

If yes, provide details:

If any other bursary/bursaries received, then indicate the following:

Name of Bursary/Sponsor: \_\_\_\_\_

Amount: \_\_\_\_\_

Year granted: \_\_\_\_\_ Bursary period: \_\_\_\_\_

Years remaining (including service obligation): \_\_\_\_\_

If servicing bursary obligation, indicate years owing: \_\_\_\_\_

**DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM: Certified copies of:**

1. Certified South African ID
2. Certified Matric or NQF Level 4 equivalent certificate
3. Any other qualification/s relevant to this application
4. Any other relevant information that might support your application

Give Names & Surnames of two contactable references (not relatives):

Mr/Ms \_\_\_\_\_ Tel \_\_\_\_\_ Cell. \_\_\_\_\_

Mr/Ms \_\_\_\_\_ Tel \_\_\_\_\_ Cell. \_\_\_\_\_

**Attach the following documentation to this form:**

Motivation letter from the applicant stating the applicability of the course to the Department and the reasons why the applicant should be considered above other potential candidates.

**PART D: DECLARATION**

I have attached/enclosed all necessary supporting documentation, as requested

If appointed I shall ensure that I fulfil the duties as follows:

- Support the Full Service School by using the Web-Based Learner Profiler Tool which is intended to standardize the Screening of learners in Full Service Schools, focusing on the following:
  - Screening for academic ability
  - Identification of literacy levels and support needed
  - Screening for learner abilities and hidden disabilities
  - Collection of learner social context and support information
  - Tracking learner progress and plan support programmes
- Support learners on use of Clicker 6, Text Help Read & Write and Dynamo Maths support software for dyslexia, reading, writing and study support.
- Support school in the introduction of Vocational and Occupational programmes
- Support educators in the implementation of the Reading and Writing Strategy developed by the Directorate Inclusive Education for learners experiencing barriers to learning.

**I declare that the above information is true and correct.**

Signed (Applicant): \_\_\_\_\_ Date: 

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Signed (Guardian/Parent): \_\_\_\_\_ Date: 

2	0	1	6	M	M	D	D
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**PART E: RECOMMENDATION**

<b>RECOMMENDED/NOT RECOMMENDED</b>	<b>FULL SERVICE SCHOOL PRINCIPAL</b> (Name): ..... (Signature): .....	DATE:
<b>(If not, REASON/S)</b>		
<b>RECOMMENDED/NOT RECOMMENDED</b>	<b>DIRECTOR INCLUSIVE EDUCATION</b> Name: ..... Signature: .....	DATE:
<b>(If not, REASON/S)</b>		
<b>APPROVED/NOT APPROVED</b>	<b>DIRECTOR: HUMAN RESOURCE DEVELOPMENT</b> Name:..... Signature:.....	DATE
<b>(If not, REASON/S)</b>		

