



higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR A TRADE TEST

(This form should be completed in block letters)

In terms of Section 26 D of the Skills Development Act

Surname :

First Names:

Race and Gender

African	Female		Male	
Indian	Female		Male	
Coloured	Female		Male	
White	Female		Male	

Preferred trade test centre (not apl. To INDLELA)

Nationality :

Province:

Municipality:

Identity/passport number:

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Date of Birth:

Educational Qualification:

FLC:

Residential Address.....
.....

Postal Address:
.....

Telephone (Home): Telephone (employer):

Cell Phone number:.....

E- mail address;.....

Name and address of current employer:
.....
.....

Current Occupation:.....

OFO Code:

Trade test applying for (trade title):.....

Specialisation:

Have you attempted a trade test previously if yes supply date and Centre name

Yes		No	
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Centre Name:Date:

Trade test attempt no:

Details of Experience:

Attach appendix of outlining the scope of workplace: Evidence in the form of testimonials, certificates of the Skills development provider detailing technical training completed certificates of service by employers or other persons of standing substantiating the training and experience referred to above must accompany the application.

Name and address of workplace	From	To	Detail of practical tasks
(a)			
(b)			
(c)			
(d)			
(e)			

Details of training – (Knowledge and Skills training.) *Attach certified copies*

Original documentation must be provided with the application and the candidate must provide the centre with copies certified by a Commissioner of Oaths.

Name of Skills development provider.	From	To	Course
(a)			
(b)			
(c)			
(d)			

Note: Training and experience: (Give full details and exact dates)

Are you currently bound by a learner agreement?

Yes No

Learner Agreement: No.

Relevant SETA:

Applicant's Signature: Date:

For Official Use

Recommended for the Trade Test

YES

NO

Trade test Serial Number:

Trade test date:

Trade test Centre:

Accreditation number:

Receipt no:

Comments:

.....
.....

Delegated Person

Name:

Signature:

Additional Information (Compulsory)

The purpose of this document is to make the artisan trade test assessor aware of any medical condition in order to ensure the safety of the Trade Test candidate and the people around him / her.

MEDICAL INFORMATION

Please indicate by means of a cross in the appropriate space, as to whether or not you suffer from any medical disorder or allergy, e.g. high / low blood pressure, epilepsy, etc.

YES

NO

If YES, please state the nature;

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.....

.....

Pease indicate if you have any disability

 YES NO

If YES please state the nature:

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