



## **LOVEDALE WIL APPLICATION**

	PERSONAL INFORMATION		
FULL NAMES:			
ADDRESS:	Street Address		
	Closest Town or City Province		
E-MAIL:	CELL No:		
NATIONAL IDENTIFICATION NUMBER:			
QUALIFICATION (COURSE):			
YEAR AND MONTH COMPLETED:			
POSITION APPLIED FOR:			
DO YOU HAVE A WORKPLACE WILLING TO HOST YOU?			
IF YES, SPECIFY AND PROVIDE CONTACT			
EMPLOYMENT ELIGIBILITY			
HAVE YOU COMPLETED ALL YOUR SUBJECTS?   YES   NO			
HAVE YOU EVER BEEN PLACED?   YES  NO  If yes, Why are you applying for this:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO			
IF YES, PLEASE EXPLAIN:			





EDUCATION		
PRIMARY SCHOOL:	PROVINCE	
FROM:	_ TO:	
NAME OF HIGH SCHOOL OR NC	<b>/</b> :	
PROVINCE:		
FROM:	_ TO:	
BACKO	GROUND CHECK CONSENT	
IF ASKED, ARE YOU WILLING TO	DISCLAIMER	
	DISCLAIMEN	
application leads to my placement, I application or interview may result in given the opportunity to sign a SETA and the college say so, no deduct every pre-caution as recommende the prevention of Covid19.  In-line with the POPI Act, I hereby	vers are true and honest to the best of my knowledge. If this I understand that any false or misleading information in my n my placement being terminated. I also understand that if A contract, the project only start/end when the SETA tion (in form of UIF) will be made and I am ready to take ed by the National Department of Health and DHET in give permission to Lovedale WIL office to share my ctive: Host Employers, Funders and College partners.	
SIGNATURE	DATE	
PRINT NAME		





## Send your Completed form along with:

- 1. Letter of confirmation of completed qualification (issued by your campus)
- 2. Certified copy of ID
- 3. CV
- 4. Certified copy of Matric or NCV Level 4 certificate,