



# UNIVERSITY OF LIMPOPO AND SERVICES SETA

LEARNERSHIP AND CERTIFICATE PROGRAMME IN FUNERAL

PARLOR, MEDICAL AND HAZARDOUS WASTE MANAGEMENT



SURNAME			INITIALS			FULL NAMES				
IDENTITY NUMBER (ID)					DATE OF BIRTH			AGE		
GENDER		RACE			CITIZENSHIP		DISABILITY (YES OR NO)			
EMAIL ADDRESS				PRIMARY CELLPHONE NUMBER		ALTERNATIVE CELLPHONE NUMBER				
NAME OF THE COMPANY CURRENTLY OR PREVIOUSLY EMPLOYED				INDUSTRY CURRENTLY OR PREVIOUSLY EMPLOYED		NO OF YEARS IN EXPERIENCE WORKING WITHIN THE INDUSTRY				
YEAR MATRIC PASSED		MODULE			GRADE		SYMBOL / MARKS			
		ENGLISH HOME LANGUAGE								
		ENGLISH FIRST ADDITIONAL LANGUAGE								
		PHYSICAL SCIENCE								
		BIOLOGY/ LIFE SCIENCE								
CRIMINAL CONVICTION			IF YES WHAT TYPE OF CONVICTION				SIGNATURE			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							
I declare that all the information provided including the attachment is complete and correct to the best of my knowledge. I understand that any false information supplied will lead to my application being disqualified and or be discharged from my training.										
NAME AND SURNAME					SIGNATURE		DATE			
FOR OFFICE USE	CERTIFIED ID COPY			Y	N	APPOINTABLE			YES	NO
	CERTIFIED MATRIC CERTIFICATE			Y	N	REMARKS				
	LETTER FROM THE EMPLOYER IN A COMPANY LETTER HEAD			Y	N					