

COLLABORATOR NR:.....

**EPWP WERKLOSE DATABASISVORM**  
**EPWP UNEMPLOYED DATABASE FORM**

Rig alle korrespondensie aan Die Munisipale Bestuurder  
Address all correspondence to The Municipal Manager

Posbus/ Po Box 19  
George  
6529

Tel: 044 802 2000/2011/2036 E-pos /Email: [chvanwyk@george.gov.za](mailto:chvanwyk@george.gov.za) / [nrwetshe@george.gov.za](mailto:nrwetshe@george.gov.za)/  
[nlvanstaden@george.gov.za](mailto:nlvanstaden@george.gov.za)

**BELANGRIK/ IMPORTANT**

Geliewe hierdie vorm te voltooi en terug te stuur na Munisipale EPWP Kantoor.

Please complete this form and return to Municipal EPWP Office.

VOLLE NAME EN VAN  
FULL NAME AND SURNAME: \_\_\_\_\_

FISIESE ADRES  
PHYSICAL ADDRESS: \_\_\_\_\_

WYKNOMMER  
WARD NUMBER: \_\_\_\_\_

TELEFOONNOMMER  
TELEPHONE NUMBER: (H) \_\_\_\_\_ (C) \_\_\_\_\_

IDENTITEITNOMMER  
IDENTITY NUMBER: \_\_\_\_\_

GESLAG  
GENDER: \_\_\_\_\_

RAS  
RACE: \_\_\_\_\_

GESONDHEIDSTOESTAND  
CONDITION OF HEALTH: \_\_\_\_\_

Het u enige liggaamlike gebreke? Do you have a physical disability (disable)?

Indien wel, verstrek besonderhede  
If so, provide details \_\_\_\_\_



Is u huidiglik op die Munisipale Masakhane Deernis lys?  
Are you currently on the Municipal Masakhane Indigent list? \_\_\_\_\_

Is u al ooit skuldig bevind aan 'n kriminele oortreding?  
Have you ever been convicted of a criminal offence? \_\_\_\_\_

Is u al ooit uit enige betrekking ontslaan?  
Have you ever been dismissed from any position? \_\_\_\_\_

Naam en verwantskap van familielede in hierdie raad se diens (**Raadslid / Amptenaar**):  
Name and relation of relatives in the service of this council (**Councillor/  
Official**) \_\_\_\_\_

Besit u'n skoon/geldige bestuurlicensie?  
Do you have a clean/valid driver's license?

*Ja*  
*Yes*

*Nee*  
*No*

Tipe lisensie  
Type license \_\_\_\_\_

Heg gesertifiseerde afskrif aan  
Attach a certified copy

### **Huishoudelike Besonderhede / Household particulars:**

Aantal mense in huishouding  
Number of people in household: \_\_\_\_\_

Aantal afhanklikes  
Number of dependents: \_\_\_\_\_

Aantal kinders wat skool gaan  
Number of children attending school:  
\_\_\_\_\_

Ontvang u enige toelaag bv. gestremdheid-, kindertoelaag ens.?  
Do you receive any social grants i.e. disability, child support etc.? \_\_\_\_\_

### **Kwalifikasies / Qualifications**

#### **SKOOLOPLEIDING/ SCHOOL EDUCATION**

<b>SCHOOL CERTIFICATE</b>	<b>DATUM/ DATE</b>	<b>INRIGTING / INSTITUTION</b>

#### **TERSIÈRE OPLEIDING / TERTIARY EDUCATION**

<b>GRAAD/ DIPLOMA</b>	<b>DATUM/ DATE</b>	<b>INRIGTING / INSTITUTION</b>

#### **VAARDIGHEDE / SKILLS/ WERKSERVARING / WORK EXPERIENCES**

<b>TIPE VAARDIGHEDE / TYPE OF SKILLS</b>	<b>TYDPERK DAT VAARDIGHEID BEOEFEN IS PERIOD THAT SKILLS HAVE BEEN PRACTICED</b>

**VERWYSINGS/REFERENCES**

NAME	ORGANIZATIONS NAME	TEL NUMBER

Hierby word verklaar dat die inligting wat hierbo verskaf is, in alle opsigte juis en waar is.  
I hereby declare that all information furnished above is correct and true in all respects.

**HANDTEKENING / SIGNATURE** \_\_\_\_\_ **DATUM/ DATE** \_\_\_\_\_