





D.

<b><u>RESIDENTIAL ADDRESS :</u></b>	<b><u>POSTAL ADDRESS :</u></b>

E. **EDUCATION :**

School Certificate Particulars :-

Secondary School Attend(ed) :	
Highest Grade Passed :	
Date of Examination :	
Examining Body :	

Post-Scholastic Education :-

*(Only certified copies will be accepted – Degrees / Diplomas must be accompanied by transcripts)*

NAME OF INSTITUTION	COURSES FOLLOWED e.g. BA, B.Com, NDT	MAIN SUBJECTS PASSED (indicate passes with distinction by underlining)	INDICATE WHETHER COURSE HAD BEEN (i) COMPLETED/NOT COMPLETED AND (ii) IN WHICH YEAR

F. **EMPLOYMENT HISTORY :**

Give details of all the positions held by you (From first until present position)

EMPLOYER	POST HELD	PERIOD OF SERVICE	
		MONTH	YEAR

Details of present (or if unemployed most recent position). Briefly summarize key tasks (If possible, include duty sheet) :-

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**G. LANGUAGE PROFICIENCY:**

In the schedule below indicate proficiency as Good, Fair, Poor or None

LANGUAGE	READ	WRITE	SPEAK

**H. REFERENCES:**

NAME	ADDRESS	TELEPHONE NO.	OCCUPATION	EMPLOYER

**I. GENERAL:**

Present annual salary : NS \_\_\_\_\_

Bonuses : NS \_\_\_\_\_

Allowances : NS \_\_\_\_\_

Benefits : \_\_\_\_\_

Date available for assumption of duty : \_\_\_\_\_

Do you have any previous criminal records ? : \_\_\_\_\_

**J. DECLARATION:**

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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<b><u>FOR OFFICE USE</u></b>			
_____ <b>ACCEPTED</b>	_____ <b>REJECTED</b>		
_____ <b>DATE</b>	_____ <b>DATE</b>		





# MEDICAL REPORT = MEDIESE VERSLAG

Post / Betrekking : \_\_\_\_\_

<b>NAAM:</b> <b>NAME:</b> _____	<b>Geboortedatum:</b> <b>Date of birth:</b> _____
<b>Lengte:</b> <b>Length:</b> _____ M.	<b>Massa:</b> <b>Mass:</b> _____ kg.
<b>Datum van ondersoek:</b> <b>Date of examination:</b> _____	

**Antwoorde van vrae hieronder moet d.m.v. 'n kruis in die betrokke vierkant aangedui word:**  
**Replies are to be indicated by means of a cross in the appropriate square:**

		JA/YES	NEE/NO		JA/YES	NEE/NO			
1.	Is die applikant suksesvol ingeënt ? Has the applicant been successfully accinated ?			7.	Spysverteringstelsel : Digestive system :				
2.	Is die applicant oorgewig ? Is he applicant overweight ?			8.	Geslags-urinê organe : Genito-urinary system :				
3.	Is daar enige littekens, misvorming of operasielittekens ? Are there any scars, disfiguration or operation scars ?			9.	Senustelsel : Nervous system :				
4.	(a) Het die applicant enige gebreke van : Has the applicant any defect of :			10.	Vel : Skin :				
	(i) Gehoor ? Hearing ?			11.	Beenstelsel en gewigte : Skeleton and joints :				
	(ii) Spraak ? Speech ?								
	(iii) Tande ? Teeth ?								
	(iv) Gesig ? Sight ?								
(b) Gesigskerpte volgens Snellen se Kaart : Visual aguity according to Snellens Type:	Sonder Bril Without Glasses	Met Bril With Glasses	12.	Enige ander siekte : Any other illness :					
(i) Linker oog : Left eye :									
(ii) Regter oog : Right eye :									
Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit van die volgende stelsels? Are there any signs or evidence of disease or abnormality of the following systems?				13. Indien 'n kruis in enige gekleurde vierkant behalwe 1 verskyn moet volledige besonderhede daarom-trent hier verstrek word. If a cross appears in any shaded square, except 1, full details thereof should be furnished here.  _____ _____ _____ _____ _____					
5.	(a) Bloedomloopstelsel : Circulatory system :						14.	Is u oortuig daarvan dat gegrond op u mediese waarnemings, die applikant geskik is vir permanente aanstelling?  Are you convinced that based on your medical observations, the applicant is suitable for permanent employment?	
	(b) Bloeddruklesing : Blood pressure reading :	Sistolies Systolic							
		Diastolies Diastolic					<div style="text-align: center;">           _____  <b>Handtekening van Mediese Praktisyn</b>  <b>Signature of Medical Practitioner</b> </div> <b>Professionele Kwalifikasies:</b> <b>Professional Qualifications:</b>		
6.	Assemlingstelsel : Respiration system :								
<b>Datum Stempel</b> <b>Date Stamp</b>									