

NCORA AND QAMATA IRRIGATION SCHEME BOARD MEMBERSHIP APPLICATION FORM 2020-2021

WHAT IS THE PURPOSE OF THIS	A. THE ADVERTISED POST							
FORM	Position for which you are applying (please circle one)							
To assist the agency in selecting a person for an advertised post.	NCORA		лер.)g (р.ос.	•	мата П			
This form may be used to identify candidates to be interviewed.	Reference numl	ber (as stat	ed in the adve	rt)				
Since all applicants cannot be								
interviewed, you need to fill in this form completely, accurately	B. PERSONAL INFORMATION							
and legibly. This will help to process your application fairly.	Surname							
WHO SHOULD COMPLETE THIS	First Names							
FORM	Date of Birth							
Only persons wishing to apply for an advertised position in the agency.	ID number ²							
		(Remember to attach certified ID copy)						
ADDITIONAL INFORMATION	Race ³	African	White	Coloured	Indian			
This form requires basic information. Candidates who are selected for interviews will	Gender ³		1	FEMALE	MALE			
be requested to furnish additional certified information	Do you have a disability? ³			YES	NO			
that may be required to make a final selection.	Are you a South	African Cit	tizen?	YES	NO			
SPECIAL NOTES 1. All information will be	If no, what is yo Nationality	ur			-1			
treated with the strictest confidentiality and will not be disclosed or used for any	And do you have a valid work Permit?			YES	NO			
other purpose than to assess the suitability of a person, except in so far as it may be required and	Have you ever been convicted of a criminal offence or been dismissed			YES	NO			
permitted by law.	Residential add	ress:		Municipal district / locality:				
Your personal details must correspond with the details in your ID or passport.								
This information is required to apply the department to								
to enable the department to comply with the								
Employment Equity Act, 1998.	C. HOW DO W	E CONTAC	T YOU					
This information will only be	Preferred langu	age for cor	espondence?					
taken into account if it directly relates to the	Telephone nun	nber during	office hours	()				

requirements of the position.		correspor	Preferred method for correspondence Post Correspondence contact details (in terms			E-mail		Fa	
 Applicants with subs qualifications or worl experience must atta CV. 	<	of above)		act d	ietaiis (ii	i terms			
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G. GOVERNANCE and BOARD MEMBERSHIP EXPERIENCE 5								
Previous or Current		From		То		Reason for		
Governance	Employer	MM	YY	MM	YY	Leaving		
Positions Held								

H. REFERENCES

Name	Relationship to you	Tel. No. (office hours)

G. REFERENCES

М	IOTIVATION FOR WHY YOU SHOULD BE CONSIDERED FOR THE BOARD IEMBERSHIP. WHAT VALUE WILL YOU BRING, WHAT ARE YOUR VALUES AS A ERSON:
	ember to attach 2 x referral letters so we can establish what others think of you, your es and your character)

my application being disqualified or Signature:	Date:
3	
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FOR OFFICE USE ONLY		
Form completed in full	YES	NO
CV attached	YES	NO
Certified ID copy attached	YES	NO
Certified drivers license attached	YES	NO
Certified qualifications and certificated attached	YES	NO