

APPLICATION FORM FOR TECHNOLOGY TRAINING OFFICER EMPLOYMENT



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7128 Slate Avenue
Postdene Postmasburg




Reg No
2021/137602/07



VAT No
4740305877



Tax No
9588786195



TECHNOLOGY TRAINING OFFICER APPLICATION FORM

TYPE OF APPLICATION

Technology Training Officer	<input type="checkbox"/>	Assessor	<input type="checkbox"/>
Facilitator	<input type="checkbox"/>	Moderator	<input type="checkbox"/>

Please tick where applicable

TYPE OF APPLICANT

Independent	<input type="checkbox"/>	Training Provider	<input type="checkbox"/>
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Contained in this document :	Documents Required:
<ol style="list-style-type: none"> 1. Application form 2. Declaration by Assessor 3. Checklist for Assessor 	<p>ALL DOCUMENTS SUMITTED MUST BE CERTIFIED</p> <ol style="list-style-type: none"> 1. Identification Document 2. Certified Copies of Qualifications 3. Statement of Results from ETDP SETA 4. Proof of Assessor/ Moderator Registration 5. Detailed CV/ Resume 6. Proof of Residential Address



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PERSONAL DETAILS						
Title	Ms.	Mr.	Dr.	Prof	Rev	Other (Please specify)
Surname						
First Name						
Middle Name(s)						
ID Number						
Date Of Birth (dd/mm/yyyy)						
Gender	Male				Female	
Equity Details	African	Colored	Indian	White	Other (Please specify)	
Nationality	South African				Other (Please specify)	
If not South African, state if you have valid work permit (Proof to be attached)	Yes				No	
Home Language						
Disability Status						
Province where resident	KwaZulu-Natal		Northern Cape			Eastern Cape
	Gauteng		Western Cape			Limpopo
	Mpumalanga		North West			Free State



Telephone Number	
Fax Number	
Cell Number	
Email Address	
Postal Address	
Physical Address	

Training Provider Details

(only applicable if you are a training provider assessor)

Name of Organization	
Job Designation (e.g. Training Officer)	
Period Employed (mm/yyyy)	
Physical Address	
Postal Address	
Telephone Number	
Fax Number	
Cell Number	
Email Address	
Webpage (if applicable)	



LIST OF QUALIFICATIONS (Only list Applicable Qualifications)			
Qualification ID No.	Qualification Title	NQF Level	Credits
ADDITIONAL LIST QUALIFICATIONS (Only list Applicable Qualifications)			
Unit Standard SAQA ID No.	Unit Standard Title	NQF Level	Credits

ASSESSOR/MODERATOR TRAINING UNDERTAKEN				
Tick box	Unit Standard NLRD No.	Unit Standard Title(s)	Training Provider (ETDPSETA Accredited)	Date of Completion



DECLARATION BY APPLICANT

Declaration of technical competence in the related unit standard(s) and/or qualifications or the related field(s) or sub-field(s). (Please provide a brief work history detailing your ETDP and MQA work related experience with supporting documents.)

I attach a certified copy of the certificate(s) showing achievement of the qualification(s) and/or standard(s) at the required level in the field/sub-field in which I am applying for. And I supply evidence of competence at that level and in the relevant field(s)/sub-field(s).

I attach a certified copy of the page of my ID document which includes my ID number and photograph.

Declaration of achievement of the Assessor standard(s).

I attach a certified copy of endorsement by the ETDPSETA and MQA of my achievement of the standard(s).

Declaration of commitment to comply to with the MQA Code of Conduct for registered Assessors

I declare that the information provided above is true and correct

Signature of Applicant _____

Date of Application _____

CHECKLIST (Please tick where appropriate)

1. Technical competence in the field/ sub-field/subject at the required NQF level or above the person assessed/moderated (e.g. certified copies of relevant qualifications, etc.).	
2. A brief work history showing ETD and work related experience.	
3. Supporting documents (e.g. Resume, references, motivation letter, etc.) on ETDP and MQA work related experience.	
4. A certified copy of the relevant pages of the ID book.	
5. The ETDPSETA and MQA endorsement of achievement of the Assessor standard.	
6. Registration as a constituent assessor of the ETDPSETA and or MQA. (Attach evidence).	
7. The required number of years' experience (2-3YRS) in the field/sub-field as a facilitator/trainer/supervisor/coach/mentor.	

Signature _____

Date _____

Name and Surname in a full (printed) _____



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