

| EPWP UNEMPLOYMENT DATABASE APPLICATION FORM | | | | | | | | | | | | GRDM EPWP OFFICE: Mission Street Telephone Number: 044 803 1535/1531/1582 | | |
|---|--|--|---|-----|--|----|--|---------|----------------|---|--|--|---------|--------|
| Initials, Name and Surname | | | Accredited Training /qualification received with proof attached to form | | | | Please attach the following documents: ID Document; Qualification(s); Training Document(s); Driver's Licence(s); CV | | | Household information | | | | |
| Initials: | | | Driver's License | Yes | | No | Provide name and telephone numbers of previous employer/s: | | | Number of persons in household | | | | |
| Name: | | | Code type: | | | | Company | | | Numbers of persons working in household | | | | |
| Surname: | | | Highest qualification | | | | Contact person | | | Number of Children attending school in the household | | | | |
| ID Number: | | | Other Qualifications | | | | Contact number | | | More important particulars | | | | |
| Age: | | | 1. 2. 3. 4. | | | | Company | | | Household received income | | | | |
| Tel/Cell no. | | | | | | | Contact person | | | | | | | |
| Alternative contact number: | | | | | | | | | Contact number | | | Unemployed | Yes () | No () |
| Male | | | | | | | Disability | Yes () | No () | | | | | |
| Residential details | | | List your experience, and skills. This will be used to for future referencing purposes. | | | | Company | | | If clicked yes, how many are unemployed in your household | | | | |
| Street Address | | | | | | | Contact person | | | Disabled | | Yes () | No () | |
| Area | | | | | | | Contact number | | | If clicked yes, how many are disabled in your household | | | | |
| Town | | | | | | | Write down the size of your Personal Protective Clothing (PPE) | | | | | | | |
| Ward | | | | | | | Jacket | | | | | | | |
| Name and contact details of somebody living with you at above address | | | | | | | Track pants | | | Signature confirming that all information provided is correct | | | | |
| | | | | | | | Boots | | | | | | | |
| | | | | | | | Other | | | | | | | |

EPWP Contacts: Delicia@gardenroute.gov.za; Zinzi-Kay@gardenroute.gov.za; henlene@gardenroute.gov.za; androlene@gardenroute.gov.za
For more information about EPWP at the Garden Route District Municipality website, <http://www.gardenroute.gov.za/expanded-public-works-programme>

Please note: By completing this form, you give Garden Route District Municipality permission to share your information with other organisations for job creation opportunities.