

CONTRACTOR DEVELOPMENT TRAINING PROGRAMME: INFORMATION FORM
PLEASE ANSWER ALL QUESTIONS IN FULL

PERSONAL DETAILS:		✓ Please tick where applicable	
Current Area of Residence	<input type="checkbox"/> Cape Metro <input type="checkbox"/> Eden <input type="checkbox"/> Winelands <input type="checkbox"/> Overberg <input type="checkbox"/> Central Karoo <input type="checkbox"/> West Coast	TOWN:	Please select CDP training programme you would like to attend
Surname	_____	First Name/s	Construction Information Session
Date of Birth	_____	ID Number	5 Week Training Programme
Race	<input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/> Indian	Gender	10 Week Training Programme
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify _____	Advanced Training Programme
Address	_____		
Contact Number/s	Home: _____	Office: _____	Cell 1: _____
E-mail address 1	_____		Cell 2: _____
E-mail address 2	_____		Cell 2 Contact name: _____
YOUR COMPANY INFORMATION:			
Company Name: _____		Company address: _____	
Company Contact no: _____		Company Registration no: _____	
Are you CIDB registered	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Reg no:	Is your company BBBEE Registered <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Are you registered on the Western Cape Supplier Database	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Reg no:	Is your company registered on any other body <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Are you registered on the Central Database	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Reg no:	Name of other registering body: _____
Please provide your CIDB grading: _____	(e.g. GB1 / CE2)	What does your company specialize in _____	
EDUCATION AND TRAINING BACKGROUND:			
Have you ever participated in any training or mentoring programme offered by the Department of Transport and Public Works: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list the training: _____			
Have you ever participated in any training or mentoring programme offered by any Government Department or Private Sector Company or Organization: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes please list the training: _____			
Highest Qualification:	_____	Name of School/ Institution	_____
Have you ever completed a construction project or tendered for a project. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details of tender or project: _____		

Declaration by Applicant:

I hereby confirm that all the information provided is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my contract terminated.

Signature of Applicant: _____

Date: _____