



Telephone (Home): \_\_\_\_\_ Telephone (Employer): \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name and address of current employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Occupation: \_\_\_\_\_

OFO Code: \_\_\_\_\_

Trade test applying for (trade title): \_\_\_\_\_

Specialisation: \_\_\_\_\_

Have you attempted a trade test previously? If yes, supply date and Centre name

Yes		No	
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Centre Name: \_\_\_\_\_ Date: \_\_\_\_\_

Trade test attempt no:

Details of Experience: \_\_\_\_\_

Attach appendix of outlining the scope of workplace exposure: Evidence in the form of testimonials, certificates of the Skills development provider detailing technical training completed certificates of service by employers or other persons of standing substantiating the training and experience referred to above must accompany the application.

Name and address of workplace	From	To	Detail of practical tasks
(a)			
(b)			
(c)			
(d)			
(e)			

Details of training - (Knowledge and Skills training). *Attach certified copies*

Original documentation must be provided with the application and the candidate must provide the centre with copies certified by a Commissioner of Oaths.

Name of Skills development provider	From	To	Course
(a)			
(b)			
(c)			
(d)			

**Note:** Training and experience: (Give full details and exact dates)

Are you currently bound by a learner agreement?      Yes       No

Learner Agreement No.: \_\_\_\_\_

Relevant SETA: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Official Use</b>	
<b>Recommended for the Trade Test</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Trade test Serial Number:</b>	<input type="text"/>
<b>Trade test date:</b>	<input type="text"/>
<b>Trade test Centre:</b>	<input type="text"/>
<b>Accreditation number:</b>	<input type="text"/>
<b>Receipt no:</b>	<input type="text"/>
<b>Comments:</b>	..... .....
<b>Delegated Person</b>	
<b>Name:</b>	.....
<b>Signature:</b>	.....

**Additional Information (Compulsory)**

The purpose of this document is to make the artisan trade test assessor aware of any medical condition in order to ensure the safety of the trade test candidate and the people around him / her.

**MEDICAL INFORMATION**

Please indicate by means of a cross in the appropriate space, as to whether or not you suffer from any medical disorder or allergy, e.g. high / low blood pressure, epilepsy, etc.

**If YES, please state the nature;**

 YES NO

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Pease indicate if you have any disability

 YES NO

**If YES please state the nature:**

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## ADDENDUM TO THE TRADE TEST APPLICATION FORM

### LEARNER DETAIL:

<b>CONTRACTUAL LEARNER SURNAME AND INITIALS</b>	
<b>CONTRACTUAL LEARNER IDENTITY NUMBER</b>	
<b>CONTRACTUAL LEARNER TRADE</b>	

### EMPLOYER DETAIL:

<b>SARS Levy Registration No:</b>	L								
<b>NAME OF EMPLOYER</b>									
<b>EMPLOYER CONTACT PERSON</b>							<b>TELEPHONE NUMBER</b>		
<b>EMPLOYER CONTACT E-MAIL ADDRESS</b>									

### TRADE TEST INFORMATION:

<b>Cylinder Head</b>		<b>Cylinder Block</b>		<b>Crankcase</b>		<b>Crankshaft</b>	
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*(only applicable to Automotive Machinist contractual learners)*

<b>Level one</b>		<b>Level Two</b>		<b>Level Three</b>		<b>Level Four</b>	
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*(only applicable to CBMT - Spray Painter, Motor Mechanic and Automotive Body Repairer contractual learners)*

<b>1<sup>st</sup> Attempt</b>		<b>2<sup>nd</sup> Attempt</b>		<b>3<sup>rd</sup> Attempt</b>	
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**We, the undersigned, declare that the information provided is correct.**

<b>APPLICATION SIGNATURE</b>		<b>DATE</b>	
<b>EMPLOYER SIGNATURE</b>		<b>DATE</b>	