

**UNEMPLOYED GRADUATE PROGRAMME
REGISTRATION FORM**

PERSONAL DETAILS					
SURNAME			NAME/S		
WARD NO.			PREFERRED/NICK NAME		
RESIDENTIAL ADDRESS					
POSTAL ADDRESS					
HOME PHONE			MOBILE PHONE		
EMAIL			EMAIL		
NATIONALITY			ID NO.		
GENDER	Male	Female	DISABILITY	Yes	No
MARITAL STATUS	Single	Married	Widowed	Separated	Divorced
RACE	African	Coloured	Indian	White	Other
NO OF DEPENDENTS					
QUALIFICATIONS ATTAINED					
Qualification		Educational Institution		Year completed	
PREVIOUS EMPLOYMENT					
EMPLOYER	DATES (From – To)		POSITION HELD	REASON FOR LEAVING	
REFERENCES					
NAME	CONTACT NO	EMAIL	RELATIONSHIP (e.g. lecturer)		
NELSON MANDELA BAY MUNICIPALITY					
Have you participated in a workplace experience programme before?			Yes	No	Period (From-To)
I certify that all information given by me is true and accurate.					
..... (signature)		 (date)		
SUBMIT FORM TO: DIRECTOR: SKILL DEVELOPMENT AND EMPLOYMENT EQUITY 15 TH FLOOR, STARPORT BUILDING, GOVAN MBEKI AVENUE, CENTRAL, PORT ELIZABETH					