



APPLICATION FOR CODE 8 DRIVER TRAINING PROGRAMME

SABELELE

Thank you for your interest in joining the Driver Training Programme. Please note that this application does not provide automatic registration to the programme. Applicants will be contacted to register on the programme. Your patience and understanding with regard to the timeframes due to the number of applicants participating is appreciated.

Name of Candidate					
ID Number of Candidate – attach copy of ID					
Date Submitted				Contact Number	
NO	DESCRIPTION	EVALUATION COMMENTS			
1	Are you currently UNEMPLOYED ?	YES		NO	
2	Do you have a Learner's Licence Test Date?	YES	NO	N/A	
3	If YES to 2 above, please fill in the test date and provide a copy of the booking form				
4	Do you have a Learner's Licence? If YES, please provide a copy.	YES		NO	N/A
5	Did you receive Learner's Licence training with Coega	YES	NO	TRAINING DATE	
6	Do you have a Driver's Licence test date?	YES		NO	N/A
7	If YES to 5 above, please fill in the test date and provide a copy of the booking form				
8	Have you driven a car before?	YES		NO	
9	Have you attend driving lessons before?	YES		NO	
10	If YES to 8 above, please complete the name of Driving School attended?				
11	Have you attempted the Driver Licence Test previously?	YES		NO	
12	If yes, how many attempts?				
13	Which Testing Centre did you attempt the test/s at?				

Candidates must have the funds to pay for all bookings and issuing fees.

Training Duration: 2hours each day for a minimum of 5 weeks

PLEASE COMPLETE THE APPLICATION FORM ON THE 2 PAGES. THIS APPLICATION FORM IS TO BE SIGNED, DATED AND STAMPED BY A COMMISSIONER OF OATHS – Please refer to page 2 for affidavit.

Please note that the form is 'NOT FOR SALE' 'AYITHENGISWA' 'NIE TE KOOP NIE'

AFFIDAVIT

I (FULL NAMES),

ID Number

Do hereby confirm that the above information completed by me is true and correct. I further confirm that I am a:-

Please tick the applicable item

TICK	DESCRIPTION
<input type="checkbox"/>	Student
<input type="checkbox"/>	Person with a Disability
<input type="checkbox"/>	Unemployed Graduate
<input type="checkbox"/>	Unemployed Youth
<input type="checkbox"/>	Domestic Worker

APPLICANT SIGNATURE:

DATE:

COMMISSIONER OF OATHS SIGNATURE

DATE:

COMMISSIONER OF OATHS STAMP

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