



**APPRENTICESHIP
PROGRAMME 2022
APPLICATION FORM**

NAME: _____

SURNAME: _____

ID NUMBER: _____

I AM APPLYING FOR THE FOLLOWING TRADE: PLEASE TICK

WELDING	MOTOR MECHANIC	DIESEL MECHANIC	AUTO ELECTRICIAN	ELECTRICIAN
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PLEASE TICK THE BOX RELEVANT TO YOU

FEMALE	MALE
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DO YOU HAVE ANY DISABILITIES? PLEASE TICK

YES	NO
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IF YES, PLEASE STATE THE NATURE OF YOUR DISABILITY:

DO YOU HAVE N2/N3 OR SIMILAR? STATE THE QUALIFICATION BELOW

YOUR RESIDENTIAL ADDRESS:

CONTACT NUMBER (PREFERABLY WHATSAPP NUMBER):

DO YOU GIVE QUALITAS TRAINING PERMISSION TO CONTACT YOU VIA A WHATSAPP VIDEO CALL FOR THE FIRST INTERVIEW?

YES	NO
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HAVE YOU ATTACHED ALL THE RELEVANT DOCUMENTS:

- VALID ID COLOUR COPY
- COPY OF VACCINE CERTIFICATE
- COPY OF QUALIFICATION
- COPY OF CV
- COVER LETTER

Email to careers@qualitasttraining.co.za with all supporting documents as mentioned above.