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| APPLICATION FOR EXTERNAL INTEGRATED SUMMATIVE ASSESSMENT ForTHE NATIONAL OCCUPATIONAL CERTIFICATES:**Professional Principal Executive Officer****&****Retirement Fund Trustee**

|  |
| --- |
| **IMPORTANT:**  Applicants are requested to complete the form in **full*** + Write or print in black ink only
	+ Mark with x
	+ Originally certified copies of qualifications and identity document **MUST** be attached to the application form
	+ Late, incomplete and/or incorrect applications will not be considered
	+ Send the completed application form to Jabu@batseta.org.za
 |

QUALIFICATION

|  |
| --- |
| **(Please tick appropriate box)** |
| Professional Principal Executive Officer |  |
| Retirement Fund Trustee |  |

TRAINING OPTIONS

|  |
| --- |
| **(Please tick appropriate box)** |
| Formal Training Accredited SDP |  |
| Recognition of Prior Learning (RPL) |  |

PERSONAL DETAIL

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Batseta Member** | **Yes** |  | **No** |  | **If yes, Provide Batseta Membership No** |  |  |  |  |  |  |
| **Title** |  |
| **Surname** |  |
| **Full Names** |  |
| **Identity Number** | **Date of Birth** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Race** | **Black** |  | **Coloured** |  | **White** |  | **Gender** | **M** |  | **F** |  |
| **Are you a South African Citizen?** | **Yes** |  | **No** |  |
| **If No; Which Nationality?** |  | **Do you have a valid work permit?** | **Yes** |  | **No** |  |
| **If you have permanent residence in South Africa, please indicate the date you acquired permanent residence** | **Day** | **Month** | **Year** |
|  |  |  |  |  |  |  |  |
| **Do you have any disabilities?** | **Yes** |  | **No** |  |
| **If yes; Please provide details below** |
|  |
| **Residential Address** | **Postal Address** |
|  |  |
|  |  |
|  | **Code** |  |  |  |  |  | **Code** |  |  |  |  |
| **Telephone Numbers** | **E-Mail Addresses** |
| **Work** |  | **Work** |  |
| **Home** |  | **G-Mail** |  |

DETAILS OF PRESENT POSITION (if applicable)

|  |  |
| --- | --- |
| **Employer** |  |
| **Period of employment** |  |
| **Position (please tick the appropriate box):** |
| **Principal officer** |  |
| **Deputy Principal Officer** |  |
| **Trustee** |  |

RELEVANT OCCUPATIONAL EXPERIENCE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Relevant experience in the Retirement Fund Industry** | **Years** |  |  | **Months** |  |  |
| **Employer / Fund Name** | **Position/ Duties/ Type of Work** | **From** | **To** |
| **Years** | **Month** | **Year** | **Month** |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |

SCHOOL EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Highest standard/grade passed** | **Month** | **Year** | **Institution** |
|  |  |  |  |

POST SCHOOL EDUCATION *(Completed)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degree/diploma/ certificate** | **Institution** | **Year first enrolled** | **Normal duration** | **Major subjects** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

ADDITIONAL INFORMATION

|  |
| --- |
| Furnish any additional information which you regard as relevant in support of your application |
|  |

DECLARATION BY APPLICANT

|  |
| --- |
| I, ………………………………………………. hereby declare that the information I have provided on this form is correct and give consent that references maybe contacted and credentials verified. |
| Date: Signature:  |

 |