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| APPLICATION FOR EXTERNAL INTEGRATED SUMMATIVE ASSESSMENT  For  THE 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** | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  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: | |