



Grahamstown Foundation

Application for Appointment

Please complete this form using CAPITALS and a BLACK PEN

Date of application: _____

To the post of _____

1. Surname _____

First Names _____

Name Preferred _____

Title (please indicate for correspondence purposes)

Prof	Dr	Mr	Mrs	Ms	Other (please specify)
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2. Home Address (for correspondence purposes)

_____ Postal code: _____

E-mail Address: _____

3. Telephone Numbers: (a) Office hours _____

(b) After Hours _____ (c) Cellular _____

Please Note: if your telephone numbers change before you have been informed of the status of your application, please inform the Foundation at your earliest convenience.

4. a) Nationality _____

b) Identity Number / Passport Number _____

c) Driver's Licence Code _____

5. Present Position held _____ Employer: _____

(Please state if you are currently unemployed)

6. Language Proficiency (state good, fair, weak or poor)

Language	Speak	Read	Write

7. When available to commence, if application successful _____

8. How did this vacancy come to your attention? _____

9. Education & Training (please state in chronological order from the most recent)

School/University/Technikon/Other training	
Date from	Date to
Where relevant, examinations passed or qualifications received	
Marks/Symbols	
Examining body	

School/University/Technikon/Other training	
Date from	Date to
Where relevant, examinations passed or qualifications received	
Marks/Symbols	
Examining body	

School/University/Technikon/Other training	
Date from	Date to
Where relevant, examinations passed or qualifications received	
Marks/Symbols	
Examining body	

10. Experience (please state in chronological order from most recent. Current employer will not be contacted without your approval).

Employer and Employer's address & telephone number	
Position Held	
Dates of Employment	
Brief Description of Responsibilities	
Reason for Leaving	

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Reason for Leaving	

11. Referees (whom the Foundation may consult) *Referees should be individuals who are able to comment on your skills, knowledge and work behaviour relevant to the position for which you are applying. Please provide at least three referees. Please do not use the names of relatives. Ensure that these individuals have agreed to act as your referees and that the details provided below are accurate, legible and up-to-date. The Foundation usually contacts referees prior to any interviews being held.*

Referee's Name & Title			
Designation			
Postal Address			
Telephone No. & code			
Fax No. & code			
E-mail address			

12. Please give your present/most recent earnings, specifying any benefits and allowances received.

Type of earnings <small>(e.g. salary, housing, pension, medical aid, travel, etc.)</small>	Amount	Please specify whether amount is annual or monthly
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Motivate why you have applied:

14. **IN A SEPARATE ATTACHMENT, please give details of any additional skills and knowledge that you have that are relevant to the job for which you are applying:**

(Please see the advertisement and/or further particulars for an indication of what skills are required)

Please note

1. The Foundation reserves the right to check the accuracy of any of the information provided. Should it become apparent that the information provided has been fabricated or deliberately altered, the applicant will forfeit their application. Furthermore, where it is found that an employee has provided false information in the course of their application, their employment may be terminated.
2. It is in your best interests to complete this form as thoroughly as possible.
3. You may include a Curriculum Vitae with your application but ensure that it contains no original documents.
4. Photocopies of certificates must be certified.
5. The Foundation reserves the right not to proceed with the filling of the post.
6. An application will not in itself entitle the applicant to an interview or appointment.
7. Failure to meet the minimum requirements of the advertised post will result in applicants automatically disqualifying themselves from consideration.

I certify that the information provided is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

Please send completed application form to:
Executive Director, Grahamstown Foundation,
P.O. Box 304, Grahamstown 6140 or Fort Selwyn Drive, Grahamstown 6139
Telephone: (046) 603 1100 Fax: (046) 603 1173

FOR OFFICE USE ONLY

Interview conducted by _____

Interviewer's comments and recommendations _____

Date of Interview _____ Interviewer's Signature _____

References checked by (name) _____ (Signature) _____

Annual Salary R _____ Job Grade _____

Appointment authorised by (name) _____ (Signature) _____

Letter of Appointment dated _____ Commencement date _____